mental health digest

National Clearinghouse for Mental Health Information, Vol. 4, No. 3, March 1972

cover story

Mental Health and Work

The majority of man's years are spent at work. Various aspects of the work envir ment, therefore, have significant psychological and social influences on an individu life. Several of the digests in this issue are concerned with some of the aspects of me health and work.

The montage of photos on the cover represents the various occupational fields in society. Some of the photos were obtained through the courtesy of the *Institute Social Research Newsletter.*

The *Mental Health Digest* is a monthly publication designed to reflect the whole spectrum of mental health and to present a broad sampling of scientific subject matter and professional points of view. It contains condensations of material selected from the current mental health literature. The condensations are published with the approval of the authors and publishers for use in the *Mental Health Digest* only. Readers interested in particular digests are urged to consult the journal or other source in which the material first appeared or to ask the authors for reprints.

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The Role of Work in Structuring the Life Cycle

W. E. Henry

The central portion of man's lifespan is spent at work. In the years roughly between 20 and 70, earning a living is usually a central activity. It has always been of interest to psychologists that some people are better at one kind of work than another. Various sets of explanations aim either at understanding work competence or at understanding social system influences upon particular work performances. These explanations propose that certain attributes indigenous to a person account for some aspects of work—his intelligence and other native attitudes and skills, or the facts of his birth as reflected in the social status of his family of origin. Secondly, they take account of the fact that conditions at the workplace, above and beyond the attributes of the individual, direct and influence the interpersonal character of an occupational setting and further modify the individual's options in the use of his native attributes.

What is lacking in these explanations is the conceptualization of work, not only as a way of earning a living, not only as a job analog of one's father's occupation, but as a life style, as the central and most binding continuity of the years between age 20 and 70. Those activities we call work serve as a guiding network of relationships which structures, permits, limits, sets time schedules, reduces options, opens options, and in general provides the central social and psychological framework for some 40 or 50 years of the life cycle. In this sense, work is *living*.

Work is a continuing engagement with the human community, a community presenting changing patterns of options with contingencies. The realities of the work community keep changing with social and economic conditions, with changes of policy and personnel, and with accumulations of experience and competencies on the part of the individual. Man at work is not merely a reflection of his early life, although indeed some useful analogs may be suggested. Man at work *is* at work—working through, on a daily basis, his views of himself, the tasks set by his work environment, his hopes for future relationships and rewards. And in his work he is also actively engaged with his family—lending major direction to the lives of his wife and children, permitting the choices he must make at work to limit the options and to set the circumstances of the lives of those he loves.

Work as a Socializing Force

As a socializing agent, the family is primary in many senses. It has the first opportunity to influence the maximally impressionable young, and for several years has no meaningful competitor. Gradually it cedes most of its tasks to the school, which becomes the second main socializing force in the person's life.

Are people "finished" at the end of school? Have they ended their significant cognitive and emotional development? Or should we think of the period after formal schooling as a time of interaction between the person, as he exists at the moment, and the world of work? Work is a third major socialization force; its effect is to train us in the values and mores of a significant sector of the adult social system and the world of reality.

Continuities in adult work life occur for several reasons. One stems from the work scene itself, for each work context has its own stabilities. Secondly, many jobs set a ceiling upon work skills and individual attributes, so that individual change is limited. Thirdly continuity results from the residues of early childhood learning—fears of change, attachment to certain kinds of people, perhaps a ceaseless ambition and restlessness—all of which lend a consistent character to the adult, at work or at home. These same factors hold the forces of discontinuity and change. The work scene itself alters, and one can change jobs. Intelligence can be applied to new problems, or tried out in a new climate. The end result stems from the interaction of these factors over time.

Childhood experience and occupational choice—As an illustration, I would like to comment briefly upon data obtained from a group of mental health professionals whom we have been studying, a group of some 4,000 experienced practitioners of psychotherapy in New York, Chicago, and Los Angeles. In roughly equal proportions, these are psychoanalysts, psychiatrists, clinical psychologists, and psychiatric social workers. Each group has a separate professional association and public identity, and each offers a course of training which differs markedly from the others. The dominant public image of each parent profession would seem to attract recruits of quite different character. The appeal of medicine has the aura of science; that of social work, the alleviation of social ills; and that of psychology, the fascination with inner life processes. It is only after a period of time in the parent profession that the individual chooses to follow the path toward psychotherapy, a choice that characterizes his later training and adult work.

There are no significant differences in the reports of early development and family dynamics provided by our respondents. The reports, in interview and questionnaire, are highly repetitious regarding their relationships to parents during childhood and adolescence. And the four groups are similar with regard to birth order, family size, parental influences upon interests and career, childhood illnesses and trauma, and experiences in dating and adolescent sex behavior.

Training and early work years—During their training years and in the years of subsequent therapeutic work, there occurred some marked changes which led our subjects—initially physicians, psychologists, and social workers—into pathways that turned them all into psychotherapists. These experiences, occurring in the later phases of training and in their subsequent work as therapists, are among the crucial experiences of their young and middle adult years. In the early career years they made choices which moved them toward a highly overlapping set of lifestyles and social interactions. As adult practicing psychotherapists, the most marked feature is their similarity in current beliefs and ways of behaving. These similarities reside in such issues as a common ideology superseding any beliefs of specific schools of psychological thought; similarities in the use of their work and leisure time; similarities in the patterns of their interests at work; similarities in their patterns of social interaction both at work and at home, in their systems of belief and explanation of behavior, and in fact, in the kinds of people they meet as patients.

At the point of their training when it was possible for direct clinical ex-

perience to occupy more of their time than formal didactic training, patterns of interaction styles similar across professions began to be characteristic. It is these developing patterns of styles of social interaction that contribute most significantly to the similarities of adult therapeutic stance. These styles, initially occurring during graduate school practice, clerkships, field placements, and internships serve as the first examples of that form of personal interaction which is later to characterize their work years. That these clinical interaction styles are perceived by therapists as crucial is clearly reflected in their reports of the training years.

There are, of course, other elements which contribute to these socialization processes. Belief systems, the way one thinks and explains one's work, are not significantly different from one group to another. These beliefs serve as additional guiding forces and have, across profession, many elements of similarity—about professional ethics, about styles of relating to other professionals, about ways of dealing with patients, about how to handle minor and major problems which arise in the course of being a therapist. These factors reinforce that style of belief and interaction which constitutes therapeutic behavior, and they continue their socializing effect during the work years.

What impresses us most is the emergence of the cross-professional psychotherapeutic behavior, originating during the training and early years. While it seems reasonable to believe that there are some early experiences which characterize those persons who later are able to learn the therapy role, the socialization forces of the adult years, in the training setting, and in the work setting, are crucial and necessary parts of that process. The world of our work takes away time, molds our daily interactions, structures our beliefs and values. As such, it is a significant socialization complex necessary to our understanding of the adult years, a force that contributes significantly to the character of the adult phase of the lifespan.

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The Emerging Pattern of Second Careers

Harold L. Sheppard

Two fundamental social conditions—changing technology and increased longevity—have created the need to overhaul radically our current and traditional work patterns. The press recently dramatized a number of case studies of individuals, mostly men in professional and business positions, who have made drastic leaps from one type of occupation to another seemingly unrelated one. Our popular mentality is dominated by the single-career concept, i.e., that an individual has or should have a single lifetime occupational role-identity. Perhaps in a more static society, it made sense from both the individual and societal points of view to stress the acquisition of a single set of skills to be used during one's working life, a span that actually was not too great to begin with. But today the average life expectancy is higher, and the social and physical technology of the environment is constantly in flux. Longevity increases the probability that a number of intervening experiences—environmental and subjective—will affect the individual's occupational self-identity and his continued interest in a given occupation.

The second factor, changing technology, is naturally accompanied by changes in the skills necessary to use that technology. Our sources of socialization—chiefly the family and the school—do little, if anything, to prepare members of society for more than one career prior to their entering the world of work. Another critical point is that, with perhaps the exception of the military establishment, institutions that touch the lives of adults are doing little to make it possible for middle-aged and older persons to enter new occupations. One could propose that in our effort to solve certain problems and to achieve other goals, we have developed solutions and mechanisms that, without malice or deliberate intent, function today as anachronistic obstacles to the encouragement and facilitation of second careers. Typical examples include provisions of pension plans, narrow-range seniority rules, and early retirement.

Another factor may be the emergence of concern regarding flexible or second careers, namely, the saliency among adults of a discrepancy between original aspirations and mid-life achievements. It is interesting that amount of education is positively related to the tendency among employed men to define work as an activity that is required or not enjoyed. Persons whose occupational achievements do not equal their original aspirations come to look upon their jobs as something that must be performed but not necessarily enjoyed. Such persons constitute the group for whom second career opportunities may be most critical.

The need for a policy of second career opportunities can be strengthened by such arguments as (a) the need for upgrading middle-level workers and professionals to "make room" for lower working-class men and women who complain about being in dead-end jobs; (b) the needs of society for more people to perform higher level functions and public service functions now in sad neglect; and (c) the need for workers today to be "loose" when it comes to over-identification with one occupation in times of high unemployment.

Preliminary findings of my research

may shed some light on the characteristics of potential candidates for flexible careers in the adult male working population. During July and August of 1970, interviews with approximately 300 white male workers in four selected urban areas of Pennsylvania were conducted, primarily concentrating on working conditions, job satisfaction, social and political attitudes and behavior, and related topics. The material presented below is based on a preliminary coding and tabulation of the first 210 interviews. Of the 210 respondents, 140 were 40 years of age or older. Thirty-five percent of these older men may be considered candidates for second careers.

Upon examining the variables on which there is little or no difference between the candidates and noncandidates for second careers, three items are especially pertinent. First, there is little difference between the two types insofar as hourly wages or their felt adequacy regarding take-home pay; second, the two groups are virtually identical regarding family income; third, there is no overwhelming contrast regarding education, although one might expect to find the average education level of the candidate group higher since they tend to be the younger members of the 40-plus men's sample. The usually considered economic variables such as income and/or adequacy of take-home pay do not appear to contribute to an identification or understanding of the second-career candidate.

It is in the social-psychological sphere that differences between the two groups appear. For example, candidates for second careers have higher achievement values, and it may be suspected that if we had administered a projective test, they would also register higher on achievement motivation. As a further indication of this on the behavioral level, a higher proportion of the 40-plus candidates report that they actually have tried to get into a really different kind of work.

The other variables on which the candidates for second careers stand out as different—their lower perceived mobility chances in their current jobs, their greater preference for a job different from the one they have now if they were completely free to go into any type of job they wanted, their lower job satisfaction—all point to a group of men who would benefit from a more structured opportunity program enabling them to shift to new and different kinds of work life. Their apparent job discontent, as well as the wider gap between their aspirations and their actual achievements, may lead to some socially undesirable points of view. That they are really more discontented or more ambitious or more restless is further confirmed by the finding that nearly one-half of the candidates say that they would choose a training or education program that would lead them to a better job away from their present employer. In contrast, among the group of noncandidates some did say they would take a training program but only one-sixth would choose a program for a better job elsewhere.

One of the most provocative findings is the high proportion of the second-career candidates who reported having a low degree of autonomy on their jobs. These men feel that they have little or no freedom to do their jobs as they want to, and can use little or none of their potential ideas and skills on their current jobs. Only 10 percent report having an excellent chance to advance themselves or to be promoted in their present work situations, in contrast to more than one-third of the noncandidates who are by definition either not interested

in changing occupations, or not willing to take an upgrading training or education program.

When we combine any two of the three variables of achievement values, aspiration-achievement discrepancy and autonomy-on-the-job, the differences between the candidates and noncandidates become even more striking. The ratio of the proportion of candidates with high achievement values and a high aspiration-achievement discrepancy to the proportion of noncandidates with the same combination of social-psychological attributes is more than 2.5 to 1. The proportion of candidates with high discrepancy and low autonomy is in a ratio of more than 2.8 to 1. In the case of those with low autonomy and high values, the ratio is 4 to 1.

In summary, one could argue that there is a malaise among a significant portion of white male workers in America. Much of this relates, it appears, to a growing need for flexible or second careers among such persons. I have presented here one suggestion for identifying such persons and, in a preliminary fashion, have also indicated some of the social-psychological dimensions in which they differ substantially from the so-called noncandidates for second careers. Effective use of such data might contribute to a program that could combine improved counseling and education efforts designed to improve the work lives and social environment of the contemporary generation of men and women in our constantly changing, tense society.

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The Job Corps: Proposals for Redesign

Leonard J. Duhl, Harold M. Visotsky, and Jonathan W. Brown

In the early summer of 1969, the Job Corps requested the services of the Organization for Social and Technical Innovation, Cambridge, Mass., to evaluate and to develop techniques for evaluation of the Job Corps Mental Health Program. A comprehensive study of an evaluation system could not be made at that time. Rather, an evaluation of the Job Corps and the support systems provided by the Mental Health Program was attempted.

Consultants visited selected Job Corps sites representing the spectrum of Job Corps programs in almost all geographic locations of the country. A written report of each evaluation was prepared on site. This incorporated the organizational analysis, methods of communication, policy implementation, decision making, self-evaluations of effectiveness, and the varieties of statistics for transmittal to the central office. The final report presented alternate models for design of a Job Corps program which would incorporate mental health concepts and philosophy as an integral part of the policy of the Job Corps. It reviewed the difficulties of assessing the ambiguous variables of the functioning Job Corps programs.

As of September 1969, the Job Corps was operating a large number of Centers located in a wide variety of urban and rural settings, ranging in size from 100 to 3,000 corpsmembers and functioning in a wide variety of organizational and training styles—with considerable differences in both staff and corpsmember attitudes and behaviors.

From site visits, from interviews with central office staff, from documents provided by Job Corps offices, and from interviews with former corpsmen and staff members, we made the following observations:

- Despite a shared rhetoric and vocabulary, there are no discernible shared social goals or program objectives toward which staff can focus their efforts.
- There are many Job Corps with different goals, styles, procedures, myths, and measures. There are varying patterns of selection, placement, management, evaluation, and health services. This results in a greater preoccupation with one's own "piece of the action" and a lesser concern with the program as a whole.
- The Job Corps is currently an organization in the process of change, including the difficult process of becoming part of a larger organization, the Labor Department. New goals are being established and ways of measuring effectiveness have yet to evolve.
- The lack of goal congruence and clear communication within the Job Corps is sorely felt. Explicit goal development can be accomplished only by unblocking clogged channels and by opening new ones able to operate in the future.

Based on these observations, we see at least three potential models of organization and redesign of the Job Corps which vary in their conception of program goals. Given these goals, we then propose some probable outcomes and evaluation measures for each model.

Model I: Vocational Skill and Jobs

In this model, the chief function of the Job Corps is to train corpsmembers in the vocational skills needed to obtain and retain a job. Certain key

presuppositions are essential to the operation of this model: (1) Skilled training is the primary deficiency of the corpsman. (2) Adequate vocational training prepares him for a position in an open job market in the geographic area and social system to which he returns. (3) His real problem is external control. Thus, regimented activity focusing on skills to be learned for later use can develop internal discipline and control which will serve the corpsman in the future. (4) It is less costly not to have to pay for "soft, wooly-headed programs" like mental health.

The evaluation measures for cost-benefit analysis (as well as performance) in this model are simple: (1) The number of corpsmen who successfully complete a course and are employed. (2) The lowest cost per corpsman in training. (3) Submeasures: for example, cost accounting of individual pieces of the whole can lead to trade-offs.

Probable Outcome—There will be a high rate of rejection at input points up to and probably including orientation. Those who will receive training are likely to be those who can be trained in nonresidential (and less expensive) settings. The vocational skill training will bind itself more closely than is the case now to areas of occupational opportunity and need. Health services, mental health services, counseling, recreation, and other divisions within centers will have the primary function of ensuring the corpsman's retention in the program or his early rejection on "technical" grounds (i.e., severe aberrant behavior), for which the program is "not responsible." Contractors operating centers will ask for strict, enforceable contracts with selected corpsmembers. Recruitment of high-level professional staff may be difficult. There is a fair potential in this model that people who might otherwise complete training in existing public educational systems may "drop out" to join the Job Corps, where the skill training may be much better and the concrete rewards for being trained are constant.

Critique—This model is simple and allows for unequivocal evaluation data. Unfortunately, such a program may have little effect on an expanding poverty culture. While it rescues a few, it trains many more who are probably capable of succeeding by themselves. Unless there is an enormous expansion of the Job Corps, this model also has little substantial impact on anything, save the people going through the program. Its only advantage is that of being easily grasped by those inexpert in the study and evaluation of social welfare programs. This model is unsatisfactory because enrollees will not be attracted to the centers; the selection process assures that the "unreachables" remain unreached. Its social goals are mixed, despite the apparent clarity.

Model II: Acculturation and Employment

In this model, the chief function of the Job Corps is to develop in young people from poverty, minority, or disadvantaged minority subcultures a wide range of vocational and social skills which will enable them to make an easier transition into the broader social environment. This model presupposes the following social views: (1) There are ways of living which cannot survive in the complex modern world. (2) An intensive training program with young adults is an appropriate intervention to learn new patterns of living. (3) The Federal government and its contractors can provide not only vocational training and an environment but social training, which will enable the corpsmem-

ber to become part of the broader society. (4) Behavior patterns in young adults are not internalized and set.

Evaluation measures of acculturation and vocational improvement would include: (1) "Fate" studies of cohorts, to establish overall success of the intervention program. (2) Studies of social and economic costs of training corpsmember, measured against social and economic productivity of the same group. (3) Individual measurements of adaptiveness and social competence. In general, such studies and evaluations look at the social competency of the corpsmember in entering the dominant culture. Jobholding as such becomes only one measure of Job Corps success, albeit a potent one.

Probable Outcome—This model offers the potential for coping with a more problematic population than does the first model. Recruitment, however, will depend upon the program's presentation of itself to minority subcultures. Given workable budgets, this kind of approach can recruit and retain a highly skilled and creative staff. The health and mental health services in this program will bear primary responsibility for preventing dropouts. Programs stressing both vocational and social competencies demand high inputs of staff training. Larger camps following this model would probably decentralize much internal decision making to corpsmember units of 300–400, led by the staff assigned to that unit. Considerable differences must be anticipated in terms of unit direction and programing. Output measures, however, can be relatively consistent. By comparison with the first model, internal management difficulties can be expected to produce much tension. This will occur primarily because a key operating tool in this model would be social systems data collected on a continuing basis. The program is person-centered and humanitarian. It calls for some legislative show of social commitment to disadvantaged people. Success of the program will depend to a large extent on conditions within the social system to which the corpsmember returns.

Critique—A program of this sort will receive scant support from the minority cultures from which it wishes to recruit. The political ethic in the black community (and increasingly in the Latin American and American Indian communities as well) is to view any efforts toward changing their life styles that are not controlled by the client populations themselves as another white man's trick. Much of the resistance to training and social competence development occurs quite clearly in Centers where there is a predominantly white or white-value-oriented management. If this training model were to be implemented, it should be subcontracted to predominantly ethnically identified organizations, probably nonprofit in nature. The question is whether there are enough such organizations, with developed staff competencies, to take over the number of centers contemplated.

Model III: Job Training and Community Change

In our analysis of the Job Corps, we have also noted a breakdown among the selection, training, and placement sections of the program. The third model attempts to deal with some of these existing and potential difficulties, while providing increased linkage and support to other Federal programs of assistance to poverty areas.

The chief function of the Job Corps

in this model is to serve as a center which can develop and implement training programs of varying lengths and kinds to meet the manpower requirements for various other programs being mounted in economically depressed areas, urban and rural. A training program on this model can be initiated only when a community group or agency has commissioned such an endeavor with the Job Center.

The community agencies' responsibility is fourfold: (1) To identify and plan for the manpower needs of the community client system; (2) To identify and recruit potential corpsmembers; (3) To collaborate and assist actively in developing an appropriate training program within available resources; (4) To provide appropriate jobs and followup services to the corpsmember upon return to the community.

The Job Corps responsibilities are: (1) To develop programs which meet the needs of the community and the corpsmembers with whom they have contracted, in both vocational and social competency areas, as identified and agreed upon; (2) To assist, with the Department of Labor, communities and their agencies which are of special interest to the national government, in identifying needed skills within the community structure and potential populations and methods for recruitment; (3) To conclude formal contracts for service with responsible agencies, with evaluation and performance measures to be agreed upon contractually as appropriate to the training task; (4) To work with other Federal agencies to identify potential areas of need where Job Corps resources can be maximally employed.

Evaluation at a national level is a simple computation of the number of successfully completed contracts. At a more qualitative level, conventional economic indicators of community functioning can be used with a fair degree of success.

Probable Outcome—Necessarily, the Job Corps will become enmeshed in and committed to other Federal programs aimed at rural and urban ghettos. Contracts will provide clear, time-limited goals for all levels of staff. Implementing such a change in functioning is liable to meet with resistance from second- and third-level managers within the centers, who will under this model be deprived of some decision-making powers they currently hold; they will also be subject to closer evaluation. Second- and third-level managers will need more discretionary powers over resource disposition than they are currently allowed by the central office of the Job Corps.

Fewer problems in running the centers may be anticipated, since there will be a close liaison with the contracting community organization and active collaboration on their part in training. Budgeting of the Job Corps may be assisted by contracting for matching funds from the community agencies involved for certain components of training. Dropouts from the program become a responsibility and problem shared with the community involved. The fate of various components of the present Job Corps is not clear in this model, particularly the mental health components. However, if they serve a useful function they should be able to present a case and sell themselves within the framework of contract negotiations. Staff anxiety levels are liable to run somewhat higher than they already are.

This model is congruent with at least two expressed tenets of the current Federal administration. The program provides for increased local controls and is directly involved in overall community and economic de-

velopment. It has the further advantage to the executive that the evaluation, although having differing specific measures, is firmly based upon consumer satisfaction. Thus the Job Corps might be more palatable than it is currently. Job corpsmembers in a particular training sequence from a particular community can be held together and expected to develop a more stable reference group with healthier norms and outputs than is currently the case.

Critique—Although this model is currently "good" from the point of view of both the corpsman and the community, it may further threaten those who see community control of programs as undermining the legitimate, established political process. Further, it is not likely to be attractive to Job Corps administrators at any level who see themselves as losing power in the model, or who currently perceive their performance as inadequate. Nor is the model likely to be popular with profit-centered market organizations, since they must meet and negotiate with client groups who are often difficult and seemingly irrational in their demands of formal organizations.

In respect to evaluation, the Job Corps has one of two alternatives at this point: (a) continuation of the current inaccurate assessment of ambiguous variables, which gives an "optimistic" picture of functioning; or (b) collection and confrontation of data which quite probably will not make anyone feel better but will delineate how "tough" the training issues are in the populations with which the Job Corps deals. New institutions for learning, cast in different forms than we now know of, may unlock some of the problems. The problems confronting educators and trainers for deprived groups of citizens require programing which must incorporate class differences and differing social and cultural backgrounds, motivations, and communication patterns.

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Employer-Sponsored Programs for Problem Drinkers

Margaret M. Heyman

The fact that most alcoholics are considered excellent workers when they are sober has serious implications for social work. Compulsive in their drinking, alcoholics are usually equally compulsive in their working when they are sober, which is one reason that many employers have sponsored programs for employees who are problem drinkers and alcoholics.

Prevalence of Alcoholic Employees

Alcoholics appear to be evenly distributed among various occupations and industries and on all levels of management. Because the alcoholic is generally in the productive age group between 35 and 50, is predominantly male, and is the breadwinner, he is concentrated in the age and sex categories that intensify his impact as a personnel problem. It is difficult to estimate the number of alcoholics in the work force; therefore, it cannot be accurately determined whether their numbers are increasing. The available figures indicate a rise, which may reflect more openness in detection of alcoholics and increasing acceptance of alcoholism as an illness. The early-stage alcoholic is more difficult to identify. The course of his illness moves slowly, and its visible signs are more subtle until they form a definite pattern to the experienced observer. As the alcoholic's illness develops, his job attendance, general behavior, and job performance usually deteriorate and various crises that reflect family or financial problems typically occur. Criticism from his supervisor or loss of advancement may be the initial difficulties on the job, and job termination may be the culminating crisis. Usually the alcoholic becomes involved financially and has problems with his wife or family.

History of Employer-Sponsored Programs

A variety of employer-sponsored programs has been in existence since the 1940's, but there are no hard data concerning the number of such programs in the United States. The pioneers in this movement were several nationally known firms. By 1959 management throughout the Nation was slowly becoming aware that the problem of alcoholic employees could be contained through constructive action, and 35 leading firms cooperated with the Christopher D. Smithers Foundation in the preparation of "A Basic Outline for a Company Program on Alcoholism." Currently one estimate holds that there may be 1000 companies with some kind of program for their alcoholic employees, of which only 100 to 125 have a cooperative understanding with the union in regard to the program. Recent events in government and industry should strongly stimulate the development of alcoholism programs both in industry and in civil service, as well as in the community at large.

Operation of the Programs

A national and a local organization concerned with alcoholism have been interested in encouraging employer-sponsored programs. They have found the following interdependent factors to be essential for success.

- A written personnel policy that expresses the company's concern and explains the way in which the program works is essential and must come

from top management. All levels of management and union should be involved in the spirit and underlying philosophy of the company's program and should back its operation.

- Long-term operation of the program. These programs appear to gain momentum with time; as word-of-mouth reports from colleagues confirm that the personnel policy is, in fact, as stated, workers' suspicions about company intentions are allayed.
- Early identification of alcoholics is a benchmark of the industrial program. The company attempts to seek them out before the long progress of the worker's illness has run up costs for both the company and the worker.
- Early case finding depends on the willingness of the worker's supervisor to use the policy and the program. The alcoholic's job is often his last bastion in denying his disease. The supervisor uses the worker's job as a lever in industry's "constructive coercion" policy.

The aim of this policy is to produce for the alcoholic a crisis based on his actual job performance. The crisis is expected to reduce the possibility of further denial and make him more amenable to treatment. After discussion of his deteriorating performance, referral is made by the supervisor to the department designed by company policy. If medical examination confirms a drinking problem, the employee is advised that "he will realize his employee benefits and pension rights by following the company's alcoholism program and that if he does not comply with this procedure he will lose his entire life's investment. . . . The employee should be advised, also, that if recommended treatment is not successful, he will be discharged with disability benefits."

- Acceptance of treatment by the alcoholic employee may often require more than one attempt at referral by the supervisor.
- Treatment should be available to him as soon as he has agreed to it. Most company programs utilize community facilities in the same way as for the treatment of other diseases.

Discussion

There is a need for longitudinal studies that follow workers with alcohol problems who are identified early and referred for various forms of help. The three serious stress points in the operation of these programs should be carefully examined. The first in the process is the supervisor's referral of the worker. How is this referral best handled? How can the supervisor be best trained to deal with the worker in this process?

The second stress point is the decision to which of the various community facilities the individual alcoholic should be referred. This decision is a crucial one, bearing on the alcoholic's motivation and on which form of help he needs in the particular stage of his illness and which form he will receive. A physician who is an expert in alcoholism and is involved in the company program should make this decision.

Generally, the concerned department refers the employee to outside community facilities for treatment. The main risk in this system is that the worker-patient may not pursue the referral or may become lost in the maze of various community agencies because the industry does not assume followup responsibility. This risk represents the third stress point in the system. If, after partial or spotty use of community resources, the worker's job performance continues to deteriorate, his company dismisses him. There is no relationship between in-

dustry and the agency to which the worker-patient has been referred.

For the worker with an alcoholic problem, the company program may be his only route to a better life. The program, however, may often be a mixed blessing because of its limited emphasis. The criterion for success in such programs is generally accepted to be a degree of functional recovery, and may therefore be misleading. Is the worker's production higher? Is he now more efficient? Have his attendance and general behavior improved? If they have, he is considered to have been rehabilitated. Even with these limitations, however, workers in large numbers have been retained as productive members of society.

Despite the excellent potential of these programs for finding alcoholics in the early stages of their disease when they are more likely to respond to help, it must be stressed that they are for the most part dependent on the facilities in their local communities to carry out the indicated treatment. Employer-sponsored programs cannot be effective if the required services are not accessible to the alcoholic and his family in the community in which he lives or works, or unless insurance provides sufficient means of payment for treatment. Some specialized programs for alcoholism are needed mainly for teaching and demonstration purposes, but the general community care-giving systems should carry the main burden for treatment. The achievement of this goal will require greater acceptance and understanding of the alcohol-dependent person by these systems, greater interpretation to the public about the nature of alcoholism and the hope for recovery, and more widespread training of professionals for this field.

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Protection From Participation as Deprivation of Rights

Martin Hamburger

The life, development, and health of children are incomparably better on the whole than ever before in history. At the same time, the strict application of nurturing and protective attitudes toward children may well create a paradoxical situation in which protection means exclusion, and exclusion means deprivation. Increasingly, humanists recognize that the dangers of children's participation in the economy must be weighed alongside another peril: that children have no useful role to play, notwithstanding the glib equation of schoolwork with productive work. To examine this proposition entails consideration of the shifting historical conditions of children in other times and other places, the objective changes in the physical and mental capacities of children over time, and the sociopolitical factors which are far more important determinants than any objective characteristics of children.

Children have been known to function adequately with responsibility, and with little distinction from adults in many economies as early as the age of 4 or 5. The inclusion or exclusion of children from the production economy is not significantly correlated with the capacities of children in a given society, but rather with a range of considerations including taboos and religion, availability of slaves, the social structure, the environment, and resources. It is helpful to summarize the most cogent reasons for the institutionalization of protection: (a) to provide increasing periods of time for children to develop skills and competencies which will be needed in a complex society; (b) to insure that the shift from the family as workplace to the factory should provide suitable physical protection; (c) growing understanding of development requires that the tasks performed by children should not be injurious to muscular, bone, or neural growth; (d) to insure that the poor and the disadvantaged are not placed at a further disadvantage with regard to education.

Given the problems as well as the objective changes in children, it would appear that the formulation of these goals needs to be significantly revised so that the linear conception of progress is replaced by a dynamic, open, and flexible theory of child and adolescent development. One must deal with the following negative aspects of removing children from the economy: (a) the deliberate removal, sometimes for a long period of time, of a significant aspect of the real world from the lives of children; (b) the tendency to homogenize children, especially in adolescence, so that they tend to receive an excess of verbal, intellectual experience as compared with the whole range of developmental experiences; (c) the removal of children from the production of goods and services which aggravates the sharp discontinuity between school and work.

American children are brighter, stronger, healthier, bigger than ever before. In terms of emotional, cognitive, and psychological capacity to participate, they far outstrip all other cultures. Yet these hard data about potential and capacity are increasingly dysfunctional because opportunities for utilization are withheld. With a growing, deeper knowledge about children, it now becomes clear that pro-

tection from responsibility may well mean deprivation of rights.

From Child Labor to Meaningful Participation

In the effort to construct new models of child and adolescent participation, one must avoid the pitfalls that have been dug out of two main historical streams. The first is the idealized image of the integrated child, perhaps the shepherd boy who has achieved importance as well as continuity in his community, and therefore possesses at an early age the many positive attributes which we are still striving for in late adolescence in our society. This is not nearly so great an obstacle as the second, namely that of 19th century Victorian factories where little children are old before their time and are callously tossed on the scrap heap of a profit-hungry, capitalist society. It is the latter image, that of "child labor," which has largely become the synonym for all conceptions of children's participation in the meaningful life of the community.

Another consideration before new models can be developed entails a brief evaluation of the impact and significance of legal, approved, or cooperative work experience over the last 40 years:

- There is practically no evidence other than impressions, intuition, or wishful thinking about the developmental value of work experience in adolescence.
- Most experience is not in a "program;" it is unrelated to the school, unsupervised, and its benefits are incidental, accidental, or fortuitous.
- Most students who participate in work programs already possess the characteristics, attitudes, and competencies that are aimed at in these programs.
- The total number of participants in school-related work programs in any given year is so small that after

Photo courtesy of *New Generation.*

all the years of promotion, they are essentially little more than pilot efforts.

- The main value of both school programs and out-of-school work experience programs has apparently been financial aid to the participants.
- The vast majority of young people experience fewer and fewer opportunities for paid work before leaving or graduating from high school, and these opportunities frequently fall into two categories: one is for middle-class youth who are already well positioned in the opportunity structure and the second is for the disadvantaged whose opportunities are clearly shrinking.
- For those who have worked, questions of improved work attitudes, occupational identity, wiser vocational choice, greater sense of continuity with the curriculum and other hoped-for outcomes have hardly been investigated and we have little data beyond conjecture or anecdote.

Thus despite the fact that many social planners fall back on "meaningful work experience" as a fundamental solution to the problems of unmotivated and potentially or actually alienated youth, neither the scope of the enterprise nor the character of the experience justifies the claims made for such panaceas.

New Models of Children's Participation

Rather than use the concept of "work," which is delimiting because of its implication of paid production of goods and services, we shall talk about an array of useful, satisfying, stimulating, developmental experiences which may be considered the building blocks of adult functioning.

What follows is a schema for restoring developmental experiences to the lives of children and adolescents without the air-tight categories that have heretofore inhibited or downgraded anything other than classrooms, books, and teachers. First, in primary schools we must include a great range of manual, mechanical manipulation, even technical tasks from early use of tools to machinery, including office machines, cooking, baking, etc. Many of these activities are delayed far too long. A second type of activity involves direct observation of the world at work involving much more time out of the school than any program currently even approaches. A third activity is the early assumption on the part of children of responsibility for tutoring or helping other children in their learning activities. Fourth, there must be participation in the care and governance of school and community property as well as programs.

Wide use of camps all year round, greater use of trains and buses, greater use of community centers, could extend the concept of schools, without "deschooling society." While it is necessary to reorder thinking about such activities in pre-adolescence, it is even more difficult to reconceptualize forms of participation appropriate to early adolescence. Since at this age it is possible for young people to perform actual occupational tasks rather than preparatory or simulated activities, the legal and economic implications become proportionately more serious. It seems clear, therefore, that a parallel occupational structure is needed, one which performs a great range of socially useful tasks which are not necessarily in the so-called work system.

A simple analysis of the many gaps in filling human needs which goes beyond the present narrow band of budgeted, fundable, or profit-making activities would yield numerous opportunities for youth work. Thus,

after the age of 12, participation under supervision in beautifying the city, repairing homes, schools, neighborhood facilities, tutoring young children, making educational games and equipment, and performing the full range of manual, mechanical, clerical, nutritional, health, educational, and public safety tasks, would now be well within the capacities of the age group. The crucial period is 12 to 15 before legal permission to work is granted. It is a time when the greatest span of developmental characteristics may be observed. Accordingly, it should also be a period when the greatest diversity of participation should be encouraged.

It is, of course, clear that one might once again see the faces of 12- and 13-year olds in stores, shops, offices, even factories. It also follows that teachers or instructors might now be workers in such settings who would be considered the field faculty and whose dignity and worth would be measured not by degrees, but by what they have to contribute to children.

There is no intent here to set forth dogmatically a schema which, for example, dictates that all youth should engage in a period of national service upon graduation from high school, but options other than sheer continuation in school in a linear fashion must be provided. Evening school, at one time a dignified way of completing a diploma or degree, must be enhanced; external and equivalency approaches to degrees and diplomas must go all the way; competency examinations must be brought to a high state of development so that young people may look forward to a great range of possibilities.

The division of labor, participation in the work force, assumption of responsibility are hardly related in present day society to individual capacities, needs, or patterns of development. Inasmuch as there is ample evidence of a great range of such capacities beginning with early childhood, it has been my thesis that artificial exclusion from participation has been on the increase and must be reversed.

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Reprints from Martin Hamburger, Ph.D., Professor of Counselor Education and Head, Division of Education and Applied Arts and Sciences, New York University, New York, N.Y. 10003

Hiring a Mental Rehabilitant

Charles A. Burden

Emotionally rehabilitated people are hired daily throughout the country by companies that do not know they are doing so. Still, there are some employers who also are willing, sometimes reluctantly so, knowingly to hire people who have previously been hospitalized in mental institutions. Most such employers have doubts, ranging from fears of "poor concentration" and "high destruction potential" on the part of the employee to apprehensions that the job might be too demanding for a person recovering from an emotional illness. But those employers do "take a chance."

Such employers, from 20 companies in the Atlanta, Ga. area, were the subjects of a study attempting to examine one small aspect of the employer-employee relationship—the willingness to hire persons with previous emotional handicaps that were serious enough to require hospitalization. What approach did these employers take in their hiring?

Eleven of the 20 firms had no set employment policy with respect to emotionally rehabilitated persons. Such people were treated just as any of the other employees. Of the nine firms that did have a policy, seven had the policies in writing. Generally, the policies seemed to convey the spirit that mentally restored persons should be considered for employment, and not automatically eliminated simply because they have suffered a previous illness.

One of the 20 firms indicated a preference for hiring physically rehabilitated persons over emotionally rehabilitated ones. The remaining 19 stated that neither the physically restored nor the mentally restored received an advantage over the other in hiring. Fifteen of the 20 firms had physically restored persons in their employ at the time of the study. This evidence perhaps reinforces employers' statements that there was an attempt at equal consideration for employment of emotional and physical rehabilitants.

A number of employers gave physical examinations prior to employment, and in most cases the physician knew the exact job for which the potential employee was being considered. Such knowledge by the doctor may have lessened the fears of some employers that a rehabilitant would be placed on a job for which he or she was ill-suited.

The question arises in practically every personnel manager's mind "Should I tell the supervisor that the person he may have filling the vacancy in his department has previously been hospitalized because of emotional illness?" In four firms the immediate supervisor of the emotional rehabilitant was not informed. In each of the remaining 16 firms, all immediate supervisors were informed that the job prospect was an emotional rehabilitant. Ten immediate supervisors made the final decision as to whether or not to hire an emotional rehabilitant.

Only a small number of employers informed coworkers that the new employee was an emotionally restored person. The most common reasons for not informing coworkers were (1) the new employee's former condition was a personal matter and should be of no concern to coworkers, and (2) coworkers might become prejudiced

toward or unduly suspicious of the new employee.

Finally, one might ask, "Will the union object to my hiring an emotional rehabilitant?" Of the five unions included in the study, not one objected to the practice, according to employers. Employers seemed to feel that the unions would be in an indefensible position if they took a stand against emotional rehabilitants. One employer said that the union at his firm actively encouraged employment of rehabilitants.

How did the emotionally rehabilitated employees perform on their jobs? Two of the 28 rehabilitants were rated "excellent" by their employers. Fifteen were rated "good," five were rated "fair," and six were rated "unable or too soon to judge the rehabilitant." None was rated "poor." There appeared to be four or five employers who might have had poor or negative experiences with the rehabilitants in the "unable or too soon to judge" rating. This suspicion was reinforced by these four or five employers' unwillingness to discuss just what they meant by their responses. Because of their reluctances, however, firm conclusions could not be drawn.

The small sample here is not, of course, "the answer" to the question of how to handle disadvantaged applicants, or, in particular, emotionally rehabilitated applicants. The study does provide some ideas about who is hiring emotional rehabilitants and how they handled the employment. In summary, the findings included:

- Few employers have formal policies when it comes to employing rehabilitants.
- Physicians' opinions during preemployment physicals perhaps lessen employers' fears that emotional rehabilitants might not be able to adjust to the work.
- Generally, the chief executive was not involved in the hiring of emotional rehabilitants except by implicitly okaying the practice.
- The hiring experience was usually routine for the rehabilitant.
- Eighty percent of the immediate supervisors were told that the applicant was an emotional rehabilitant, and none objected.
- Half of the immediate supervisors made the final decision as to whether or not the rehabilitant would be employed.
- Most coworkers were not informed that a hiree was an emotional rehabilitant.
- In most cases, the emotional rehabilitants were considered to be good employees.

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Inflexible Working Conditions Keep Women "Unliberated"

R. J. Schonberger

How can we discriminate for women? The question here applies to women in general—not just a professional minority. To find viable means of improving the lot of women in general, it is necessary to consider the problems of the typical woman and to consider some of the ways that various employers have helped to alleviate them.

Job Demands vs. Home Demands

The typical woman—the woman who has a home and family—has a difficult occupational choice to make. If she chooses the housewife occupation, she is likely to have too little on her mind and too little to do. Conversely, if she chooses a full-time job, she is likely to have too much on her mind and too much to do. There are, however, women who have been liberated somewhat from this choice. An example is a successful employment innovation by a firm that hired mothers at home as its staff of computer programers which had been in extremely short supply in the ordinary full-day labor market. Similar to this is the fairly common practice of some educational institutions of employing college-educated housewives to grade English themes and the like in their spare time at home.

Some employers have developed employment arrangements that are especially well-suited for mothers who have children in school. The Federal government has a civilian employment category called W.A.E. (When Actually Employed). Normally the W.A.E. category is for people employed on a less-than-full-time and an irregular-hour basis. One innovative agency has applied the inherent flexibility of the W.A.E. program to obtain clerical and secretarial help from a pool of well-qualified mothers who aren't interested in a job unless they can work when their children are in school.

Part-time Employment

The above kind of arrangement exemplifies one type of part-time employment, the reduced work-day job. Part-time also includes arrangements in which the employee works full days but for less than the normal 5-day week. There may be some importance to distinguishing between the two forms of part-time employment. The W.A.E. employees were free to name their own hours and days of work. They almost universally rejected the full-day, reduced week pattern, opting instead for a reduced work-day arrangement.

The results of a 1968 survey of 18- to 49-year-old nonworking mothers in a midwestern standard metropolitan statistical area shed further light on women's attitudes toward part-time employment, which was defined in the survey as not more than 6 hours per day. Asked if they would accept the offer of a part-day job in their specialty, 20 percent answered "yes" without qualification. With the stipulation of certain conditions, "yes" answers went up to 47 percent. Fewer than 10 percent were interested in a full-time job.

The evidence indicates that the part-time job, especially the reduced work-day variety, offers considerable appeal to family women. Unfortunately, the lack of such jobs forces most of those women who badly want or need to work to accept the pre-

ponderant full-time job. Also, some of the women who do find part-time jobs must accept a situation that conflicts with family needs.

Aside from the idea that dissatisfaction over work hours probably has some adverse effects on employee output, attendance, and so forth, it seems pertinent to consider the broader social implications of this kind of dissatisfaction. Some of the more serious possibilities are marital problems, up to and including broken homes, and delinquency of juveniles left untended. In addition, knowing that usual work-hour patterns conflict with home and family demands may convince many underprivileged mothers that it is not worth the effort to try.

The Perquisites of Employment

From the woman's point of view the restricted supply of part-time jobs and inflexibility of work hours are not the only problems. Some of the appeal of part-time jobs is offset by the common practice of denying part-time employees some of the perquisites of employment enjoyed by the full-time staff: for example, vacation, sick leave, retirement, and insurance benefits.

A concentrated effort by the Nation's employers to open up more part-time jobs with a wide variety of work-hour arrangements and with benefits commensurate with contributions would improve the lot of women who have families. There is, however, a further measure that would have more significant effects on women's welfare. This is the provision of widespread, low-cost, convenient child-care centers, which would tend to complement the suggestions regarding more flexibility of work hours.

Employers and Child Care

In this country most of us think of the child-care center as a publicly subsidized version of the private nursery schools to which well-off parents have long sent their children. The experiences of several progressive U.S. firms with employer-furnished child-care centers indicate that child care may not require massive public funding. For example, a company in Massachusetts has operated a day-care center across the street from its plant since 1962. The absenteeism of its all-female staff has been cut by 80 percent. As indicated earlier, a survey showed that 20 percent of polled non-working mothers said they would accept a part-day job, and 47 percent would do so under certain conditions. The stipulated conditions in the survey were simply that adequate public or employer-furnished child care be available as well as a job.

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Reprints from R. J. Schonberger, Ph.D., Assistant Professor, The University of Nebraska, Lincoln, Neb. 68508

Sex Discrimination Against the American Working Woman

Teresa Levitin, Robert P. Quinn, and Graham L. Staines

The discrepancy between ideology and reality with regard to occupational rewards and the differential allocation of these rewards to female and male workers are the central issues of this paper. Excluded is the problem of *access* discrimination—discrimination that women may face in terms of the availability to them of particular jobs. Instead, attention is devoted only to *treatment* discrimination, discrimination that women may confront once they have obtained jobs. The focus is exclusively upon those who face discrimination. This study examines how consistently occupational rewards are allocated on the basis of achievement and whether observed sex differences in rewards may be attributed to legitimate achievement factors.

While in principle discrimination can be readily defined in terms of a particular ideology, its detection must take several factors into account: (1) On the basis of a selected ideology, the legitimate factors in the allocation of rewards of facilities should be specified. (2) It is likewise important to attend methodologically to these legitimate control variables. (3) The list of patently illegitimate determinants of rewards needs to be complete. (4) Measures of discrimination should not simply identify discrimination against aggregates of individuals. They should also detect individual differences in the amount of discrimination encountered.

This study applied these four considerations to several questions concerning discrimination against American working women:

- To what extent are working women denied occupational rewards on bases other than those justified by the achievement ideology?
- What are the demographic and occupation distributions of reward inequalities among major segments of the national population of working women?
- To what extent are these objectively measured inequities related to reports of perceived sex discrimination?
- To what extent are reward inequities related to the satisfaction of women with their jobs?

Collecting the Data

Data were obtained from a survey of American workers conducted late in 1969. The principal aims were to determine some of the problems that workers faced, to develop measures of job satisfaction suitable for use with samples of workers in heterogeneous occupations, and to assess the effects of working conditions on both the job satisfaction and the mental health of workers.

The sample was a national probability sample of persons who were living in households, were 16 years old or older, and were working for pay 20 hours a week or more. Data were obtained through personal interviews with all eligible workers in a household. Since each worker therefore had an equal probability of being selected, the data were self-weighting. The full sample included 539 women and 993 men. The analysis reported below excluded three groups of workers: self-employed workers; part-time workers, defined as those working less than 35 hours a week; and workers who were seasonally or otherwise irregularly employed during the

year. School teachers were not regarded as seasonally employed. The remaining sample consisted of 351 women and 695 men.

Occupational rewards—Two measures of occupational rewards were employed: (1) Total annual income from the worker's primary job before taxes or other deductions. (2) Quality of work, a summary index based upon 70 questions dealing with how good each worker's job was.

Objective discrimination—Objective sex discrimination was defined operationally as the difference between the amount of each of the above two rewards each woman was receiving and the amount she would be expected to receive on the basis of achievement factors alone. Ideally, achievement factors should have been assessed by some objective measure of each woman's past or anticipated performance. This was impossible, given the occupational heterogeneity of the sample. Instead, several predictor variables were selected that were indirect estimators of achievement: education, tenure with one's employer, tenure on one's specific job with that employer; number of hours worked each week; amount of supervisory responsibility; and occupational prestige.

Under the assumption that sex discrimination was not operative for men, multiple regressions were obtained for a random half-sample of the men to determine the optimal weighting of these selected achievement variables in predicting both reward measures. On the basis of the weights provided by the multiple regressions computed on the first random half-sample of men, *expected* values on both reward measures were computed for the sample of women and the second random half-sample of men. Three measures of objective discrimination were then computed for each occupational reward:

(1) Discrepancy equals observed value minus expected value. This measure indicated the amount of reward discrepancy without any reference to the absolute level of either expected or observed values.

(2) Ratio of discrepancy to expected value equals:

$$\frac{\text{observed value} - \text{expected value}}{\text{expected value}} \times 100$$

Applied to women in the sample, this ratio describes the amount of rewards each woman was deprived relative to what she would have been getting had she been a man. Subtracted from 100 percent, it indicates what percentage of a man's income each woman received.

(3) Ratio of discrepancy to observed value equals:

$$\frac{\text{observed value} - \text{expected value}}{\text{observed value}} \times 100$$

Applied to women in the sample, this ratio describes the amount of rewards each woman was deprived relative to what she was in fact receiving.

Perceived discrimination—Each woman was asked, "Do you feel in *any* way discriminated against on your job because you are a woman?"

Job satisfaction—Several measures of job satisfaction were used to measure the possible effects of objective sex discrimination upon the job-related attitudes of women. A previous factor analysis of the importance to workers of selected aspects of their jobs identified five independent dimensions of what workers wanted from their jobs: (a) satisfaction with the comfort aspects of the job; (b) satisfaction with the challenge provided by the job; (c) satisfaction with financial rewards; (d) satisfaction with co-

workers; (e) satisfaction with resources for doing the job. Also analyzed was an index of overall job satisfaction which included all the 23 items from the above five indices.

The Results Pertaining to the Four Questions

To what extent are working women denied occupational rewards on bases other than those justified by the achievement ideology? The mean of the observed-expected discrepancy in total annual income for women was −$3,458; for the second random half-sample of men, this mean score was −$27. Sex differences in these discrepancy scores indicated the extent to which the achievement ideology was differentially applied to women and to men. The discrepancy between the income women *should* have received based on the multiple regression equation and the income they *in fact* received was significantly different from the comparable discrepancy for the men. Data indicate that 50.3 percent of the women in the sample had total annual income discrepancies ranging from −$3,000 through $5,999; the comparable percentage for men was only 16.2 percent. The mean annual income of 94.9 percent of the women was less than the amount they should have received on the basis of the achievement criteria.

By dividing each woman's income discrepancy by her present income level (formula 3), it was possible to estimate the percentage of her current income that each woman "lost" by virtue of being a woman. The median figure that resulted was 71 percent. Using the percentage figure obtained from formula 2, it was possible to calculate the percentage of a man's estimated income that an equally qualified woman received. According to this estimate, the median woman received 58 percent of a comparable man's income.

What are the demographic and occupational distributions of reward inequalities among major segments of the national population of working women? The sample of women was dichotomized into (a) those with total annual income discrepancies that were positive (i.e., indicative of favoritism), zero, or had negative values ranging between −$1 through −$3,499, and (b) those with discrepancies of −$3,500 or more.

Like sex, the two demographic variables selected—race and age—represent illegitimate bases of occupational reward allocation. The data indicated that although a somewhat larger percentage of white women than of black women had high discrepancy scores, the difference was not significant. The association between age and discrepancy scores was curvilinear, with both the youngest (16–29 years old) and oldest (55 years old or older) women being more likely than women of other ages to have high discrepancy scores.

Discrimination as reflected in the income differentials was greatest among: white-collar workers; those employed in professional, technical, managerial, clerical, and sales work; those in trade, services, finance, insurance, and real estate; those who did not belong to a union; and those in comparatively small establishments. The patterns of relationships were similar for the income discrepancy in relation to both expected and observed income. One exception was that white women were significantly more discriminated against than black women as indicated by the ratios of discrepancies over expected and observed values.

To what extent are objectively measured sex inequalities related to reports of perceived sex discrimina-

tion? The data indicated that most women workers were discriminated against with regard both to their income and to the quality of their jobs, but only 7.9 percent reported differential treatment. Perceived sex discrimination was not significantly associated with the discrepancy scores computed by any of the three formulae for either reward measure.

To what extent are reward inequalities related to the satisfaction of women with their jobs? Quality of Work discrepancy scores computed by all three formulae were significantly associated both with overall job satisfaction and with job satisfaction on the specific dimensions of comfort, challenge, financial rewards, relations with coworkers, and resources. On each of the measures, women who were more discriminated against in terms of the quality of their jobs were less satisfied with their jobs than other women.

Implications

Extent of discrimination against female workers—The multiple regression was used to divide the sex differentials in occupational rewards into a legitimate component, based on ideologically founded control variables, and an illegitimate component, including sex discrimination. The mean difference between men and women in observed incomes, without the imposition of controls, was —$4,372. Only —$914 of this difference could be attributed to the achievement factors measured. The remaining —$3,458 represented a disparity caused by illegitimate or discriminatory factors. These figures represent provisional estimates, since several methodological problems probably caused the legitimate component to be underestimated.

The data nevertheless point to significant discrepancies between the actual occupational rewards that women received and the occupational rewards they ought to have received based on their achievement. The legitimate achievement factors determining the allocation of income were differentially applied to equally qualified men and women. Most women received far less income than they ought to have received.

The argument is often made that even though women earn less than equally qualified men, this difference is offset by the better working conditions supposedly enjoyed by women. There was, however, no evidence of compensating favoritism in terms of the quality of the job. Rather, the discrepancy scores based on the Quality of Work Index followed the same trend as those measuring annual income: women had worse jobs than equally qualified men, worse than they ought to have had based on their achievement.

Demographic and occupational distributions of reward inequalities—The observed associations between discrimination and such demographic variables as age and race make it difficult to interpret the discrepancy scores solely in terms of sex discrimination. The discrepancy scores reflect all forms of discrimination including age and race as well as sex. While they provide estimates of sex differences in the amount of total discrimination experienced, they may not be read as a wholly valid measure of discrimination based on sex per se. Among the occupational control variables, those associated with social status yield meaningful differences. For example, financial discrimination against women was a greater problem for women in higher-status and in white-collar occupations.

Objective and perceived discrimination—Given the evidence of objective

discrimination against about 95 percent of women workers, the critical question is why only 7.9 percent *reported* discrimination on their jobs. Many factors may contribute to this inconsistency. Women may not know what equivalently qualified men are paid elsewhere, especially in other occupations. They may attribute some of the disparity to factors they regard as legitimate. They may compare themselves to other women rather than to men. They may believe that, in principle, men and women should receive unequal occupational rewards. They may attribute discrimination to factors such as age and race rather than to sex. Or they may restrict the term discrimination to instances in which discrimination is consciously planned and executed by some organizational decision maker.

Correlates of objective discrimination—The measures of financial discrimination correlated significantly with satisfaction with financial rewards but not with other components of job satisfaction. In contrast, measures of discrimination in terms of overall quality of work were significantly associated with all measures of job satisfaction.

Currently many political and social action groups interested in the status of American women are helping women become increasingly conscious of the discrimination they face and less tolerant of inequitable treatment. In future years, the associations among objective discrimination, perceived discrimination, and job attitudes may be greater and more consistent than at present. Moreover, the possibility arises of a substantial future increase in the currently small number of women reporting discrimination on their jobs—discrimination which this study indicates they have every right to report.

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The Impact of the Women's Liberation Movement on Child Development Books

Zelda S. Klapper

There are five identifiable women's liberation movement propositions that are specifically relevant to the field of child care: the nuclear family is an arbitrary development that may obstruct a child's optimum development; early growth processes are not critically dependent upon the biological mother; traditional gender-roles are artificially imposed upon children by the culture; the assumption of gender-roles by children is counter-productive to their developmental health; and mental health may be better ensured by the early transfer of responsibility for child rearing from the mother to the community.

But what about the books and texts in the fields of child care and development? These provide an authoritative source of information for non-professionals as well as for child-care specialists. To what extent are the authors and editors responding to the five women's liberation movement propositions?

The Effect of the Nuclear Family on Child Rearing Patterns

It is the women's liberation movement position that "the heart of woman's oppression is her child bearing and child rearing roles . . . the power hierarchies in the biological family, and the sexual repressions necessary to maintain it—especially intense in the patriarchal nuclear family—are destructive and costly to the individual psyche." Further, the purpose of replacing the nuclear family with the extended or "organic" family is "to release the children from the disadvantages of being extensions of their parents so that they can belong primarily to themselves."

In the texts reviewed, the traditional view is upheld: The child properly requires two parents: a parent of the same sex with whom to identify and who provides a model to follow into adulthood, and a parent of the opposite sex who becomes a love object and whose love and approval the child seeks in return by identifying with the parent of the same sex. Some would keep the family, but strongly recommend that a pet be added to the core group. Even more direct support is given to the function of the nuclear family by those texts concerned with psychopathology and therapy in childhood with the thesis that the "parent-child relationship [represents the] most important single category of variables impinging on the personality development and socialization of the child."

In no scholarly text is the view that parenthood is a viciously competitive sport, ostensibly for the sake of the children brought up. But neither is serious consideration given to Margaret Mead's well-known prediction that the family and marriage patterns as they now exist will and should disappear by the year 2000. What appears is concern for the strains imposed by the isolated nuclear family and the possibility that marriage is a condition of risk for many women: one group of women identified as the freest of mental illness was made up of middle-aged, unmarried women who have careers.

Although an occasional suggestion is made that it is a myth that the middle-class nuclear family is the only

possible kind of family, and that perhaps child rearing is too complex for the individual small family unit to deal with, proposals of alternatives apparently evoke the same kind of dread of tampering with the forces of nature. It is in this context that the books reviewed consider such collective arrangements as the kibbutz, the age-mate camp, and the commune.

The Biological Mother as Primary Upbringer

Although current books acknowledge that in particular instances a particular mother may damage a child's psychological health, not one author questions the availability of any evidence that the biological mother is crucial in early development. The issue is simply not raised. Only indirectly, in studies of temperament differences in infancy, is the traditional view that a child's early behavior directly and exclusively emerges from maternal practices challenged by research evidence.

Rather, the current books reviewed adhere closely to the traditional position that the primary object relationship that ensures development is the child's need for the mother and the mother's readiness to fulfill this need. To the extent that serious consideration is currently given in these books to evidence related to the role of mother in early life, the stress is likely to be placed equally on "the" mother and "mothering adults," and the nature of the infant's experience with the mothering adults, with stress on the necessity of mothers loving their infants, and on attachment.

The Origin of Gender Role in Children

In general, the current books in child development address themselves to the issue of "masculine" and "feminine" behavior traits as products of socialization rather than the expression of innate sexual differences. The presence of sex stereotypes in toys and books is acknowledged, and the processes of selective praise and punishment for sex differences in behavior and differential imitation of appropriate sex models are identified. However, the discussion of environmental influences on gender role is generally isolated from the recitative accounts of boy-girl differences in attitude, in temperament, and in interests.

Some also express convictions that "genetic factors tend to be fundamental to the behavior patterns that emerge. Males are more active, aggressive, adventurous, and object-oriented. Females are more passive, accepting, nurturant, and people oriented." In most instances, these accounts merely imply what others have expressed, namely the belief that not only are these differences innate, but that they should be socially reinforced.

The Psychological Effect of Gender-Role Development

The position of the women's liberation movement centers on the deep concern about the lack of self-worth and the prevalent self-hatred that becomes part of the young girl's conscious and unconscious expectations of her future role and the process of being forced to accept an inferior role, learning to believe in her own inferiority. Although not as central, concern about the damaging effect on boys of gender-specific expectations, of having to be "manly," has been expressed by the women and by men who are sympathetic to the movement.

Aside from an occasional suggestion that sex roles in terms of what is the masculine and what is the feminine thing to do are much less important than we thought them to be and that

a more systematic study of sex differences in child rearing is needed, no critical evaluation of gender role appears in the books reviewed. On the contrary, there are voiced complaints about the diffuseness of gender roles in primary reading textbooks, and neutral, non-sex-linked male and female behavior, expression of the need for fostering sex-role identity, and vigilance about a society that is about to rob the father of his power and status.

Many traditional attitudes toward sex differences persist. Some texts still provide growth charts of unclothed children with the sexual parts blocked out, and the eyes masked. The treatment in current child development books of the issue of male homosexuality is, as it always was, disregarded. Female homosexuality is never mentioned.

Transfer of Infant Rearing Responsibility to the Community

In the face of claims by infant-care-center advocates that the children do well, have less thumb-sucking, better verbal ability, and precocious coordination in these settings, there are no reports of or projected designs for systematic studies of communal infant rearing. There is a widely expressed interest in the overall aspects of psychological development occurring before the child enters school, but as yet the fundamental issue of full-time infant care centers, across social class, is not being examined by child care specialists. What is indirectly expressed is resistance in the form of traditional assumptions, without evidence, that from the age of 3 years, ego growth is in the symbiotic phase; anything that disrupts the mother-child relationship during this time will have a deleterious effect on the development of the youngster. This lack of responsiveness is possibly because the issues are too recent for current consideration, and probably because cultural attitudes are so firmly implanted. It is distressing that the implications for child care and development that are part of women's reexamination and new consciousness of their lives and life styles have not been more directly confronted by those who are considered specialists in human development.

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Phobias After Marriage: Women's Declaration of Dependence

Alexandra Symonds

For many years I have been interested in a specific clinical problem which occurs when a young woman, who was apparently independent, self-sufficient and capable, changes after marriage, and develops phobias or other signs of constriction of self. Where before marriage she was an active, apparently self-sufficient young girl who traveled, drove a car, had many interests, held a responsible job, and went many places alone, now all these activities are sharply curtailed, or completely impossible. In the less dramatic cases where this change occurs without specific phobias, she becomes fearful of making any decision or of taking any sort of responsibility on her own. She clings to her husband for constant support, apparently changing from a capable, "strong" person into a classically "helpless female."

I am not referring to those young women who shift their interests and energies after getting married, from outside activities into the home and family as many young women do. These women continue to grow and develop, although in a different sphere. I am referring to the small but significant number who seem to shrivel up after getting married, who seem to lose all interest and involvements, who constrict their inner life, and who become depressed, anxious, and excessively dependent. Often these patients have psychosomatic problems. Phobias are only one of the psychiatric symptoms which may develop, and are likely to attract attention because they are dramatic; however, we also see many other signs of this process. All of these patients are depressed to some degree, sometimes severely. Instead of marriage representing a broadening and enriching experience, it caused the reverse effect. These patients do not usually complain about their husbands nor do they feel they have made a bad marriage.

Over the past 20 years, I have seen 10–12 patients who fall into this category, some for consultation only, and others for prolonged treatment. I treated four of these patients in analysis for several years at least 2–3 times a week. I have also had contact with many others of similar type through my work with various hospitals and agencies as a consultant, and on occasion I have met such women socially.

Mrs. A was a woman of about 38 who was referred to me by an internist to whom she had gone because she felt weak and rundown. She was a tall, thin woman who looked malnourished, neglected in her appearance, and was seriously depressed. She cried profusely during our sessions. There were certain marked discrepancies in her manner which were quite apparent. She was a well-educated woman, who spoke with authority when discussing impersonal matters; however, when talking of more personal things, such as her feelings and her life at home, she became uncertain, wispy, and vague. Her appearance also showed marked contrasts. It was obvious that there were tremendous extremes in her personality. Intellectually she was developed and mature, while emotionally she was still childlike.

She stated in the first session that her marriage was a failure because

she felt that she was a total failure as a wife and mother. She was married for 8 years and had two children. Since getting married, she had sex rarely because her husband was usually impotent. He had convinced her that this was her fault, although he would never tell her just what she was doing that was at fault. He told her repeatedly that she was an aggressive, castrating woman and all their difficulties were because of her. She accepted his accusations and was overwhelmed with feelings of guilt and hopelessness.

Mrs. M had been suffering from severe anxiety for 3 or 4 years, with headaches, palpitations, insomnia, gastro-intestinal distress, and tremendous feelings of tension. She was afraid she was losing her mind. She was in her 30's, had been married for 10 years, and had a child of 2. She expressed no criticism or dissatisfaction with her husband. In the first sessions, however, she gave numerous examples that described him as an extremely difficult man to live with. He had a fear of germs, and had insisted that they wear masks until the baby was 18 months. He would not allow anyone to babysit for the child, so they were forced to take him everywhere. However, Mrs. M said that she deferred to his opinion because she felt he was thorough, and he must know. And besides, if she insisted on her way, and anything happened to the child, she would not be able to endure it.

In each case, the patient tries to build up rationalizations for herself so that she can avoid direct confrontation with her husband's peculiarities, and thus avoid awareness of her own hostile or aggressive feelings. It is not that the husbands are so peculiar or different, but that the problem is rather in the wives' inability to handle even the ordinary friction which occurs between two people who live together.

Mrs. A's phobias developed gradually, within the last few years. She did not recall any abrupt event or sudden onset; however, she could not use an elevator or subway, drive a car, or travel by plane. Any attempt to do so produced panic and unbearable anxiety. When she was single she had her own car, and had enjoyed traveling. However, now she had become practically housebound. Her husband did not particularly like to socialize or to go out, so they rarely did. All this she apparently accepted as natural because she was married, reiterating that she loved her husband and had always wanted to be married and have a family. Mr. A frequently spent the entire evening alone in his room, and Mrs. A felt miserably neglected by him most of the time that they were together. If she ever tried to approach him affectionately he would freeze up.

Mrs. M also had many phobias which restricted her; however, she was more overtly troubled by them. She was angry at herself for being so "stupid," and she desperately tried to get to the bottom of them by direct assault. She was a highly intelligent woman and a college graduate. She stressed the control of feelings, and talked of "arranging her feelings" so that they would not betray her. Sleep was very difficult for her—often she would awake in a panic, without remembering her dreams, or having any clue as to what was disturbing her. When she did recall her dreams they were filled with emotion—usually rage, anger, anxiety, and apprehension.

Mrs. M remembered a sudden onset of her phobias about 8 years before while she and her husband were on

a tour. She recalled the details of this with great difficulty, only after many years of treatment. Mrs. M had insisted on the trip over her husband's reluctance. To her this represented an aggressive act, and when he expressed some dissatisfaction with the trip, she remembers only a mild feeling that he was dampening her enthusiasm. The next day she was frightened of the plane they took and the remainder of the trip was a nightmare. She had always yearned to travel and especially looked forward to this after getting married. The awareness that her husband did not share her enthusiasm was catastrophic for her, although she only realized that after years of therapy.

Rather than differ, and perhaps fight, these patients automatically and unconsciously dropped their point of view, their need or desire—and went along with the husband's. Phobias were one way to handle their repressed feelings. It seemed to immobilize them and prevent them from any act which might be interpreted as aggressive or self-assertive; in fact, it was a statement to the contrary since it made them helpless and harmless.

These patients had some similar experiences in their background. All came from families where self-reliance, independence, and control of feelings were necessary, either because they were highly prized and encouraged or because they were necessary for survival. There was little respect for childlike interests. As a result, they had to grow up in a hurry.

From early childhood they developed skills and qualities which gave the illusion of strength. They all chose work or education which seemed to bear out the illusion, and which gave others the feeling that they were strong and self-sufficient. They repressed their healthy needs to be taken care of and repressed the child in them as well. As teenagers and young women all of these patients acted cool, capable, and self-reliant. They remember themselves as fearless, and several were known as tomboys or daredevils. They had no conscious plan to be different after getting married, yet each of them underwent a profound change.

Many women freely admit their dependency needs, and they are not ashamed to say that they are looking forward to marriage so they can quit work and be taken care of. But for some marriage represents an opportunity to be dependent without self-criticism and self-hate. Marriage then becomes their "declaration of dependence." If for any reason this is questioned, or the marriage does not seem to be all they expected, they are in a panic and they cling even more. Their rage at being frustrated is immediately suppressed since it seems so destructive. I have found that girls often get married as an alternative to continued growth, and as a retreat from life.

My patients all had some confusion and uncertainty about their femininity and saw marriage as a confirmation of their feminine identity. They rejected healthy impulses and feelings of growth and self-assertion as too aggressive, and too masculine. When they were single, they could develop expansively to some extent since they were not attached to a man, and there would be no question of coming into conflict with a man, and perhaps winning out. However, once they became involved with men, they tended to suppress all assertive impulses for fear they would endanger their much needed partnership.

Treatment for such patients is painstakingly slow and prolonged. Under-

lying the anger, the frustration, and the fear of conflict is a profound resignation. I found that marriage had represented to them the only acceptable way for them to have significance, and for the deeply suppressed and denied self to have an opportunity to live.

These patients described their fears as a fear of being closed in, a fear of being trapped, and a fear that they would not be able to leave any time they wanted to. Mrs. M said that once she was in a plane she would have to give control over to the pilot. All of these fears which the patients describe are symbolic expressions of how the individual closes herself in, keeps down her impulses, and imprisons herself.

The traditional explanation for phobias is related to the fear of loss of control. I would like to add another dimension to the understanding of the function which these phobias played in this type of patient. These women were actually afraid to be *in* control. They feared the consequences of taking their lives into their own hands. They feared dealing with the unknown; they feared the ordinary aggression and assertiveness which accompanies growth and involvement.

This problem has nothing to do with femininity or masculinity. These people may attach their anxiety to these concepts, and may find ready acceptance in others. But their problem is a deeper and more basic one. It is a fear that many people have who are unable to actualize their own growth and development. Unfortunately, many women suffer from this because of ancient cultural prejudices which have barred them from full participation and growth, and which makes it easy for them to defer their own development, and to live vicariously in others. Such people express their fears of self-realization in terms of fear that by their growth they will hurt others. Thus it comes easy for them to accept any accusation such as being "a castrating female" or "too aggressive."

In my therapy with such patients I focus on themselves—not on the marriage or the husbands. Gradually they acquire enough feeling of self to make their own needs known to themselves and to their husbands, to stand behind themselves, not abandon themselves (as they accuse others of doing). This requires prolonged treatment, often with only partial success.

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Mother-Child Symbiosis: Cradle of ESP

Jan Ehrenwald

The mother-child relationship has always been considered a source of profound emotional closeness and communicative intimacy between the two. Whether or not a telepathic element is involved in this state of affairs is still a matter of controversy. The problem is thrown into sharper perspective, however, when we turn our attention to the early symbiotic relationship between mother and child.

There is general consensus among observers that in the early postpartum phase the mother's and neonate's ego boundaries have not as yet been delineated. Their respective egos are merged into one. The baby is a direct extension of his mother's body image. She "does the doing" for him. She monitors his physical and social environment on his behalf. The baby, in turn, partakes of her purported omnipotence. Analytic reconstruction suggests that, from his point of view, it is he who exercises virtual control over his mother's behavior.

Dovetailing or interlocking behavioral attitudes of this order are evidently a direct continuation of the embryo's and the maternal organism's flawless biological cooperation. How is this biological unity and reciprocity maintained despite the physical separation of parent and offspring? What is responsible for their perfect "fit," for their delicately balanced homeostasis and functioning in concert? The neonate is nonverbal. Still, the efficacy of interaction between mother and baby seems to exceed the limited repertoire of whatever conventional signaling code joins them together as one functioning whole.

Introducing the telepathy hypothesis into the symbiotic model of the parent-child relationship helps to fill the gap in our understanding of its functioning. It also assigns an important physiological function to an otherwise seemingly superfluous vehicle of communication. It accounts for the modus operandi of the exchange of an infinite variety of primitive or proto-messages, preverbal instructions and injunctions between mother and child. It suggests that telepathy is in effect the embryological matrix of communication which is later destined to be superseded by speech.

Proto-messages of this order, however, do not convey as yet clear-cut and well-defined cognitive content. They convey distress calls or messages of comfort, endearment, or elementary reassurance. They are geared to influencing behavior. They have all the hallmarks of primary process functioning. What, then, are the implications of our symbiotic model of ESP? It suggests that telepathy, at this stage, may indeed be a vitally important means of communication, serving the integration and smooth functioning of the mother-child unit and, thereby, its very survival as a viable entity.

The term fetalization refers to the extension of the fetal or embryological stage of development from the intrauterine period to the period of prolonged helplessness or "extrauterine gestation" after birth. Fetalization is a specifically human attainment, but it also causes major developmental crises in the life of every human child. It leaves him, among all animals, the most dependent on his parents or parent substitutes. This in turn makes the maintenance of proper lines of com-

munication and interaction with his social environment a vital necessity for him. Yet the human neonate finds itself in something like a communicative blackout in the early symbiotic phase. The blackout is lifted and the psychological gap bridged by telepathic communication between mother and child. Owing to the continued fusion of the maternal with the neonatal ego, there is no psychological gap between the two; telepathy follows the pattern of intrapsychic communication within one single, psychologically as yet undifferentiated personality structure.

Telepathy and Child Development

With the gradual maturation of the child's nervous system and sensory organization, and with the passing of the symbiotic phase, the child emerges from the period of partial communication blackout. His babbling and cooing is gradually supplanted by speech. His ego boundaries, until now fused with those of his mother, become more sharply delineated. He sets up a barrier between his mother's mental processes and his own. He establishes himself as an individual in his own right. The earlier telepathic patterns of communication become rudimentary. Telepathy runs counter to the process of individuation—separation.

There is a similarity between the screening out of heteropsychic influences and the repression of primary process functioning in the course of the child's development. The process is reinforced by what amounts to a mechanism of cultural repression directed against the return of ESP. Both Western man and his culture are programed in such a way that the return of primitive mentality, as well as of telepathy and related phenomena, is prevented and, if necessary, penalized by all means of social disapproval and ostracism available to the group.

The gradually evolving negativistic attitude toward ESP does not, however, spell the end of occasional flashes of telepathic interaction between person and person in later life. Under special circumstances the abandoned tracks can be reopened and traffic on them activated again. A fleeting telepathic incident of the "spontaneous" type may make its appearance. However, if it does so, the reactivated function still tends to exhibit telltale signs of its embryological origin; it may show all the characteristics of Freud's primary process functioning; of symbolic representation; of prelogical, paleological, or of Piaget's preoperational thinking and reasoning.

This is why telepathy, as compared with the organism's "standard" means of communication, is difficult to reconcile with the so-called laws of nature. In this respect, psi pheonomena hark back to the "monstrous farrago" of magic described by the Victorian anthropologists and to the timeless and spaceless qualities of the Freudian id. There are, however, several basic differences between the ancient concepts of magic and psi phenomena, or between primary process functioning and ESP. According to psychoanalytic theory, omnipotence of thought, action at a distance, etc., are fallacies characteristic of the primary process. They are therefore generally considered to be figments of the imagination based on wishful thinking and poor reality testing.

Yet the existence of ESP, and of psi phenomena in general, has been amply confirmed by factual observations. They are manifestations of a psychic reality in its own right. Psi phenomena carry the imprint of the particular time in the individual's life

cycle at which they first made their appearance. This accounts for their regressive quality, for their resemblance to magic or primitive mentality, and for the stigma of irrationality which continues to be attached to them. This also is the reason for modern man's tendency to their repudiation, denial, and cultural repression.

The regressive quality of ESP is in good keeping with its relatively frequent occurrence in the psychoanalytic situation. Regression is one of the corollaries of the transference relationship. This is why the psychoanalytic situation in effect amounts to a duplication of the symbiotic model. It is a situation in which the therapist plays the role of the parent and the patient the role of the child. Yet we also know that it may at the same time become a veritable breeding ground of telepathy between the two. The analyst's couch, we could say, is transformed into an adult equivalent of the "cradle of ESP."

Clinical Evidence

A large body of evidence indicates that telepathy between parent and child continues to play a significant part in the further course of the child's development. Parapsychologists have reported a great number of anecdotal accounts of this kind. The psychiatrist Berthold Schwarz has assembled a unique collection of observations of telepathy in his daughter, Lisa, when she was between 1 and 3½ years old. His paper describes 91 incidents in which he or his wife played the role of the telepathic agent. The overall impression gained from Schwarz' 91 telepathic incidents suggests that there were three major predisposing or conditioning factors involved in the occurrences. First, the symbiotic aspect of the parent-child relationship. Second, the child's tendency to doctrinal compliance—that is, the tendency to provide evidence confirming her father's emotionally charged expectations regarding the validity of his pet hypotheses concerning ESP. A third factor seems to have been Lisa's own psychological needs, her mood of contentment, etc.

Another group of observations which has been widely discussed in the psychoanalytic literature, are the cases in which the child tends to act out the parents' repressed antisocial impulses. This may lead to delinquency or other behavioral disturbances. In one of my cases Dick C, aged 4, acted out his mother's hostile-destructive impulses toward Mr. C, 20 years her senior. Dick was the issue of one of his mother's extramarital affairs. Although this had, for obvious reasons, remained a closely guarded secret, the boy drove his mother to desperation by his compulsive questioning: "Is Daddy my real Daddy? Yes, he is my Daddy—but is he my *real* Daddy?"

Dick's hostile-destructive behavior toward Mr. C is amenable to interpretation along "orthodox" psychiatric lines. But his compulsive questioning is not. It contains reference to a specific point of information which could not have reached him through the usual channels of communication and which he was not likely to have arrived at by rational inference. At the same time, it was conspicuously tagged by what I described as telepathic "tracer elements"; that is, by "bits" of information pointing specifically to their heteropsychic origin.

What is perhaps the strongest clinical evidence of telepathy in the mother-child relationship is, however, derived from cases of an altogether different order. They are observations in mentally defective or otherwise handicapped children who, because of

their existing defect, remain in a prolonged symbiotic relationship with their respective mothers.

The first case is that of Ilga K., aged 9, who was suffering from a severe reading disability. She was, however, able to "read" any text if and when her mother was perusing it at the same time. Experiments revealed that Ilga could do so even when her mother was sitting behind a curtain or in another room. Little Bo, a retarded boy of 11, was similar to Ilga in that he too seemed capable of "reading" only when his mother, a tense and over-anxious woman, was, as it were, functioning vicariously in his behalf. Originally he was thought to be a "lightning calculator" because he was able to do complicated mathematics despite his intellectual limitations. However, he could only do this if and when his mother was doing the calculations "in her head." A third child, known only as the "Cambridge Boy," was suffering from spastic diplegia and congenital cataracts in both eyes. Yet his ophthalmologist was puzzled by his striking ability to "read" the visual acuity charts when the boy's mother was hovering over him. A telepathic factor was suspected to account for his unexpected performance. A series of long distance experiments involving telepathy between the boy and his mother seemed to confirm this hypothesis.

These three illustrative cases have three things in common: First, they all involve a handicapped child or adolescent. Second, their respective mothers all had a strong, sometimes frantic, motivation to help their offspring to overcome their disability. Third, there was a prima-facie evidence of a telepathic factor—of telepathic "tracer elements"—in all three youngsters' performances, and the telepathy hypothesis had been put to special tests by the observers.

It is true that helping a child to overcome a reading or arithmetic disability is a far cry from trying to compensate for biological defects which would jeopardize his survival. But the concordance of the children's performances with the symbiotic model is unmistakable. They suggest that telepathy can indeed be the carrier of seemingly trivial "bits" of information, or tracer elements, as well as of influences, messages or proto-messages of crucial biological importance. Such observations serve as collateral evidence in support of the symbiotic origin of telepathic communication.

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Lenin's Theory of Reflection and Psychology

Boris F. Lomov

The present stage in the development of psychological sciences is characterized in particular by intensive exploratory research, differentiation into further branches, reinforced connection with other scientific disciplines, and growth in the importance of psychology for the solving of practical problems. It is only natural that the more psychology becomes differentiated and its conceptual base enlarged, the more urgent appears the need to elaborate general-theoretical and philosophical problems of psychology.

In dealing with methodological problems, Soviet psychology starts from Lenin's theory of reflection which has consistently implemented the principles of dialectic materialism with regard to scientific knowledge. The extensive theoretical work of Soviet psychologists, based on an analysis of factual material, and reorienting the conceptual apparatus from the aspect of the theory of reflection, enabled a series of basic principles to be formulated that have traced and further determined the development of Soviet psychology. This involves the principle of determinism, according to which the influences of external causes are mediated by internal conditions; the principle of unity of consciousness and activity, according to which consciousness is formed, develops and manifests itself in action; the principle of evolution, delineating the necessity to investigate mental phenomena in their evolution, and others.

The setting up of a unique theoretical platform of Soviet psychology took place amid a struggle with widespread idealistic and mechanistic conceptions in psychology. The hardest struggle was carried on with two extreme conceptions in psychology, viz., behaviorism and gestalt psychology. Extreme behaviorism proclaimed behavior, which it understood as a direct reaction of the organism to external environment, to be the only object of psychology. Man was understood as a device reacting to stochastic external influences; at the same time, however, it was claimed that his behavior differs from that of simpler organisms only quantitatively. Behavior was viewed as being cut off from the subject and was apprehended as existing by itself.

In its struggle against the behavioristic conception, Soviet psychology stabilized its basic problems in psychology, uncovering the real role of the psyche in the regulation of behavior and activity. Numerous researches show that behavior and activity cannot be elucidated solely by stochastic laws. One of the principal research theories is that certain reactions and activities are at every given moment relevant to conditions prevailing in the environment. Of course, adequacy is possible only in cases where these conditions are in one way or another reflected by the subject, and this reflection fulfills the function of a regulator of behavior and activity. This basic deduction determined the approach of Soviet psychology toward a scientific analysis of behavior and activity.

The second extreme conception, formulated in extremistic trends of gestalt theory, was based on the hypothesis that the "subjective world" manifests itself as locked up within itself, being guided by its own inner laws. Gestalt psychologists declared that the phenomenal world, whose

structure is determined by imminent laws of consciousness, has no points of contact with the physical world. In the gestaltist conceptual system the psyche is torn out of the general relations of phenomena of the material world and this simultaneously leads to a denial of its real role in man's life. In its fight against the gestalt theory, Soviet psychology proved that mental phenomena are the subjective reflection of objective activity and that this image fulfills a real function in the regulation of behavior and activity of the subject.

It should, however, be observed that the research logic carried out within the context of behaviorism and of gestalt psychology inevitably leads to a refutation of their originally formulated extreme positions. The logic of scientific investigation of mental phenomena leads by itself to an understanding of the reflective essence of these phenomena and its regulatory role in behavior and action.

The approach to an investigation of mental phenomena from the positions of Lenin's theory of reflection was realized in Soviet psychology in researches on sensory cognition, for in these processes of cognition, expressing a direct connection between consciousness and the outside world, a transformation of the external influence into the fact of consciousness takes place.

Contemporary notions on physiology, psychophysiology, and neuropsychology make it possible to draw at least two conclusions: first an analyzer works at the expense of external energy, and second, the dynamics of nervous processes developing in the analyzer are determined by the character of external influence. Although the concrete mechanisms through which energy of the external influence becomes transformed have not as yet been elucidated, the conclusions are of basic importance for psychology. They indicate the direction along which these mechanisms should be investigated.

True physiological, psychological, and neuropsychological researches oriented to an investigation of what might be termed micromechanisms of reception are fairly remote from the question of sensations and perceptions as subjective images of objects acting on the analyzers. This question is followed by differently oriented researches. A number of Soviet psychologists have proved that sensations and perceptions are not acts analogous to photographing, but a developing process, unfolding in time at definite stages. As a process, they move in the direction of a continuously more adequate reflection of the object.

Lenin's theory of reflection does not postulate a mere relation of adequacy of image (sensation, perception) to the reflected object. Higher forms of the processes of reflection investigated by psychology are active processes. Mental reflection is essentially active, meaning that the subject stands out in the process of cognition as an active agent. The role of the subject's active participation in processes of sensory cognition was clearly demonstrated in researches on tactile perception.

From these experiments it ensues that if a flat object is placed on the skin no image of its contours is immediately formed in the subject's consciousness. The appearance of such an image is conditioned by active movements of the given receptive system. A thorough analysis of this process showed that movements made by fingers possess the function of construction, measurement, and correction of the signals entering the tactile analyzer. The trajectory of the sensory movements replicates the contours of

the object, as if thereby casting its mold. The degree of adequacy of this tactile image depends in a substantial measure on the pattern of movements.

More recent investigations in the area of visual perception show that, here too, an important role belongs to movements of the eyes. If the perceived object on the retina is markedly stabilized, as is made possible by modern research techniques, then the eye soon ceases to see anything at all. Under natural conditions, the eye, when observing an object, performs a number of movements. In the initial stages of the perceptual process, the movement of the eye corresponds in large measure to the contour of the object. Later there is a reduction of several movements and the observation trajectory acquires an apparent independence of the perceived object. Nonetheless, a detailed analysis of eye movements of even an experienced observer indicates their original course dictated by the basic function of the visual analyzer as an organ of sensory cognition.

Experimental results show that discrimination of the pitch of acoustic stimuli is also an active process; its inevitable component is likewise movement of the vocal apparatus.

In Soviet psychology, the notions amassed from this area are understood in the sense of the theory of reflection. Functions of movement components of the perceptual process are understood within the context of general psychological theory: their function in the process of reflection.

Movement components of perception are of course only one expression of the activity of a conscious subject. This activity manifests itself in numerous other characteristics of perception, including selectiveness, determined by the roles of the activity which the subject performs. This is pointed out also by the system of mutual control of activity of various analyzers. Finally, activity is manifested in phenomena of perceptual anticipation and extrapolation and likewise in heuristic components of perception.

A conspicuous success of Soviet psychology is that a scientific system of approaches to the analysis of all phenomena investigated by psychology has gradually been worked out on the basis of the theory of reflection. One such problem around which a violent philosophical struggle was and is still being waged is that of imagination. Even in contemporary psychology imagination is often understood as a shadow of sensations, a product of spontaneous activity of the brain, a characteristic boundary of consciousness separating it from the outside world. Such an interpretation denies to imagination any role whatsoever in cognition.

Soviet psychology took a decisive stand against such an interpretation of imagination. Observations carried out in general psychology and in child psychology have led to the discovery of its real role in the subject's cognitive activity. These studies showed imagination to be characterized by such traits as generalization and panoramicity; an essential point in the transition from sensations and perceptions to imagination is a schematization of the sensory image. Imagination as a secondary image of the objects of reality is thereby assigned to the processes of a reflection of reality with a specific role in cognition. It was simultaneously proved that imagination too, has a function in regulating behavior and activity.

These positions served as the starting point for Soviet psychologists also in their analysis of memory and fan-

tasy which they consider specific forms of reflection.

Similarly, the principles of the theory of reflection spread to the thinking processes. Thinking is regarded as a process of mediated and generalized reflection of reality, revealing lawful relations between phenomena. A cardinal condition of the development of this form of reflection is contact among people in a common working activity.

Soviet psychology investigated brain mechanisms of thinking, processes of concept formation and rational operations, peculiarities of various thought activities, and the regulatory role of thinking. All these researches, carried out in various disciplines of psychological sciences with the use of diverse methods, are unified in a single generalizing position set up by the theory of reflection. Also investigated in this manner are such manifestations of the thinking activity as intuition, insight, and prediction, which elsewhere are utilized for the construction of idealistic speculations.

Lenin's theory of reflections has delineated the approach to analysis of those mental phenomena that are designated not only as cognitive processes, but also as mental states and personality traits. These phenomena too, are here understood as specific forms of subjective reflection of that objective reality, in which man exists, lives, and acts.

The entire system of mental phenomena has been reinvestigated and reassessed from the point of view of Lenin's theory of reflection. This theory has enabled the whole problem of psychology to be apprehended in a single logical order, and simultaneously made it possible for its object to be determined. Lenin's theory of reflection, considered as a philosophical platform which gradually ensures a scientific approach to a definition of problems and methods in psychology, appears to be one of the basic sciences of the present time.

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Behavioural and Physiological Effects of Cigarette Smoking in a Monotonous Situation

Marianne Frankenhaeuser, Anna-Lisa Myrsten, Brigitta Post, and Gunn Johansson

This investigation is concerned with the influence of cigarette smoking on behavioral efficiency and physiological functions in healthy moderate smokers. The specific aim of the study was to determine effects of smoking on efficiency in a visual reaction-time test requiring sustained effort under monotonous conditions. Catecholamine output, heart rate, and subjective reactions were also examined.

Experimental Design

Twelve males aged 20 to 26 participated in the experiments. Their body weights ranged from 59 to 76 kg., and they were all habitual smokers with a daily consumption of 5 to 15 cigarettes. Each subject came to three sessions—an introductory session, a smoking session, and a control session without smoking, spaced at intervals of 4 to 6 days. The smoking and control sessions started at either 8:30 a.m. or 10:45 a.m., and each subject had both his sessions at the same hour. Half of the subjects smoked in their first session, and half in their second session.

In the introductory session each subject was interviewed concerning his health and his smoking habits. He was informed of conditions which might affect the variables to be examined and which had to be avoided before the experiments, e.g., intake of drugs, coffee, and alcohol. The subject had to refrain from smoking after 9 p.m. on the evening preceding an experimental day. It was pointed out that it was important to obtain a normal night's sleep, and to report any symptoms of illness. The different tests were introduced and the subject had 8 min. of training on the reaction-time test.

On experimental days, the subject was first served a light breakfast. He then spent 80 min. isolated in an experimental chamber performing a reaction-time test. Heart rate was continuously recorded. Self-estimates of subjective variables were made at the beginning and end of each session, and finally a urine sample was collected.

Filter cigarettes of a single brand were used; each cigarette was 84 mm. long and contained 2.0 mg. nicotine. The subject was instructed to inhale in his usual manner and to stop smoking at a mark set at 53 mm. from the cigarette end. The mean time for smoking one cigarette was 8 min. The subject had been instructed in advance to light a cigarette, using his non-dominant hand, at an auditory signal given 20, 40, and 60 min. after the beginning of the reaction-time test, without interrupting his test performance.

The subject's task was to respond to a light signal presented at irregular intervals of 1 to 3 sec. by pressing a button with his dominant hand, which was held 10 cm. from the response button. Reaction times were recorded by an electronic counter. Eight scores were calculated, each representing the mean time for 160 reactions within each consecutive 10-min. period.

Before the session each subject emptied his bladder and at the end of the session, about 120 min. later, a urine

sample was collected. Urine volume was measured and pH adjusted to 3.5 with 2 N HCl.

At the beginning and end of each session the subjects made self-estimates of wakefulness and mood. The standard, defined as the subject's "normal state" at that particular time of day, was given the numerical value of 10.

Results

Successive scores in the reaction-time test under smoking and control conditions show that while the initial level of performance was the same under the two conditions, the time course differed. Performance in the control condition was gradually impaired, whereas about the same performance level was maintained throughout the smoking session. Differences between conditions were significant at the 1 percent level.

The initial heart-rate value nearly coincided in the two conditions. During the entire control period about the same level was maintained, while smoking produced an increase in heart rate which remained elevated throughout the session. Significant differences between conditions and between successive measurements were found, as well as a significant interaction effect.

Means and standard errors for adrenaline, noradrenaline, and urine excretion in the control and smoking conditions were compared. Mean adrenaline output was significantly higher in the smoking condition as compared with the control condition, while noradrenaline and urine excretion did not differ significantly between conditions.

Analysis of estimates of wakefulness and mood made at the beginning and end of each session showed no significant differences between conditions, but there was a significant increase over time in the variables "bored" and "tired." Although the changes induced by smoking were slight, the pattern of the data suggests that the effects were favorable, the subjects feeling more alert, less restless, and more relaxed in the smoking session.

The results support the view that nicotine may, under some conditions, act as a stimulant and increase behavioral efficiency. Smoking may enhance mental endurance and counteract the impairment of performance which typically occurs under monotonous conditions. There is, however, no evidence for a nicotine-induced increase of efficiency above the level achieved in the initial, nonfatigued state.

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Organ-Transplantation: A Societal Problem

Roberta G. Simmons and Richard L. Simmons

Technological advances in medicine often outstrip the resources and social organization necessary for their optimal use. Organ transplantation, a major new medical technology, may solve important health problems, but in turn it creates adjustment problems for the government, the public, medical organization, and the patient and his family. The purpose of this report is to analyze these adjustment problems, to identify the elements of the "cultural lag," and to describe the social consequences of transplantation.

The analysis will focus on kidney transplantation and hemodialysis, since renal transplantation is the only type of organ transplantation that can be considered a viable cure. Many of the stresses associated with large-scale heart, lung, and liver transplants in the future can be predicted now by a study of kidney transplantation.

Consequences of Transplantation for Society

Modern technological advances in medicine have significant consequences for the organization of medical care and its availability to the public. Therapies based on technological advances move medicine further toward bureaucratization, organization, and specialization that is characteristic of almost every sphere in modern industrial society. Medicine is becoming more a specialized team operation and less a relationship between an individual family doctor and patient.

The patient in a kidney transplant center is cared for by a large, somewhat impersonal, and constantly shifting medical team. The patient in the hospital may be under the care of six or seven physicians at once, aided by a variety of special nurses, technicians, and therapists. The transplantation operation itself requires two operating teams—one for the donor and one for the recipient. After discharge the successful transplant patient returns to the hospital for tests and visits a clinic for consultation with a wide array of specialists.

Special facilities, laboratories, and pharmaceutical supplies are also needed. For renal transplantation, the artificial kidney (dialysis) machines are the most obvious and the most expensive of these special equipment needs.

Only large hospitals can support so many personnel and special facilities. Transplantation, therefore, tends to concentrate in a number of large centers, usually in large cities and university areas. This restriction of transplant centers is crucial to the availability of medical resources to patients.

Lag in medical organization and communication—The optimal flow of patients to the transplantation centers seems to be affected by a communication barrier between these centers and local referring physicians, as well as by a scarcity of facilities. It was estimated in 1967 that some 50,000 patients a year die of uremia, 7,000 to 8,000 of which were considered suited for hemodialysis or renal transplantation. However, treatment was available for only 1,000 new patients and 750 previous dialysis patients in 1967. Therefore, many patients must die of a potentially curable disease. These statistics suggest that an overload of applicants is forcing kidney transplant centers to reject many candidates.

There is also some evidence, however, that the flow of suitable patients to some centers is blocked at certain points.

Referring physicians apparently are not sending all possible candidates to renal failure centers. The reasons for this have not been systematically investigated, but several channels of speculation are open. The technological potential seems to have outstripped the communication networks in medicine. It is likely that many physicians are unaware of the success of kidney transplantation and dialysis, the categories of patients who can benefit, the presence of the nearest center, and the fact that some centers are not overcrowded. Or they may be afraid the patient will be denied treatment.

The centralization of specialized resources may act as a further deterrent to the referral process. It is difficult for physicians to refer patients to persons and hospitals where they have no personal acquaintances among the professional staff. Most physicians have developed patterns of referral which are seldom varied, and for most medical problems, the physician's local mutual referral network is adequate. As distance from the transplant center increases, personal contacts naturally decrease. Paradoxically then, it appears that there are not enough facilities for all uremic patients, yet in some areas of the country there is under-utilization of such facilities because the patient and his doctor are are unaware of the availability.

Lags in medical organization and communication also affect the availability of organs for transplantation, since a high percentage of such organs must come from cadavers. The role of the local physician is again crucial. It is usually he who first approaches the family with the suggestion of donation. However, the possibility of donation may not occur to him; he may not have enough of an acquaintanceship with a transplant center for easy referral, or he may find it difficult to approach the family. In some centers, the dying patient must be transferred to the transplant center in order to ensure rapid use of the organs after death is pronounced. If the distance is great, the physician may be unwilling to subject the grieving family to long-distance travel.

In other centers, the transplant service sends a team to the local hospital to remove the organ and rapidly transport it back to the transplant center. In such situations, local physicians and hospital authorities must be willing to undergo considerable inconvenience, disrupted hospital routines, costly use of resources, and stressful time pressures. Future advances in organ preservation and organ banks may alleviate some of the difficulties, particularly the problems of time pressure and donor travel.

Lag in allocation of financial resources—As additional medical technologies develop, the government increasingly will be confronted with a fundamental decision: Is it possible for this society to allocate major sums of money to saving lives of the previously incurable?

Funds are needed not only to train more personnel and set up more centers, but to support existing facilities. Dialysis at a hospital center costs approximately $14,000 a year; home dialysis requires $10,000 to $12,000 the first year when equipment is purchased, and about $4,000 yearly after that. The cost of a kidney transplant averages about $13,300 plus $200 to $1,000 in yearly followup costs; and the cost of a heart transplant averages $18,700. However, with complications, charges can run as high as $100,000 for any organ transplant.

At present, without a comprehensive national program, the collection of such funds can cause major difficulties for government agencies, hospital, and patient. Most patients cannot afford to pay for such treatment, particularly after years of chronic illness. Some of the cost for renal transplantation is paid by Federal research grants to the institution, but research funds will be withdrawn as the procedure becomes a therapeutic reality. Insurance pays some of the transplant cost, but only about 8 to 10 percent of the American population is adequately covered by insurance for transplantation. Other sources of funding for heart and kidney transplants and for dialysis cannot begin to cover the actual need.

Technological potential has outstripped the allocation of financial resources with the result that patients may be denied treatment for arbitrary geographical and social reasons, while hospitals, patients, and local agencies are subject to great financial strain. Most of the extant dialysis and transplantation facilities have been financed largely by Federal research funds, yet it is unlikely they will be used to the equal benefit of all citizens. If financial shortages persist, kidney patients who are able to pay for treatment will have an increasing advantage.

Whether society can and should reallocate the large sums of money necessary to support organ transplantation is a question of value-priorities. There is conflict, both within the medical world and in the larger society, over the policy of funding organ transplantation. Some physicians object to enormous sums being spent on transplantation to the jeopardy of other health needs, particularly the basic health needs and adequate nutrition of the poor. Others argue that this society could afford to pay for all of its medical needs if social and health problems were given a higher priority relative to defense needs than is now the case. The problems of funding organ transplantation must be seen in the larger context of a general scarcity of resources in medicine, a shortage of physicians particularly outside the urban areas, rapidly rising hospital costs and patient bills, and discussion of national health insurance and reorganization of medical care.

Patient selection—Once the patient passes the hurdle of the referring physician and arrives at the transplant or dialysis center, he still must be accepted for treatment. The number of referred patients frequently exceeds the tolerable load. How is the crucial decision made: Who will live and who will die?

Physicians have few established norms to help them decide how to reject patients for life-saving treatment. One attempt to create such norms was the establishment of an anonymous lay board to select patients for the new dialysis procedure. However, most of these boards have been discontinued, letting the burden of selection fall to the doctors themselves.

Many centers have set up "universalistic" medical criteria, i.e., standards that apply to all, regardless of social background. The aim may be to choose those patients who present minimal medical risk. However, many programs appear to introduce less universalistic criteria into the selection process. Whatever the method of selection, the lower-class patient is at a disadvantage: He is less likely to seek treatment, he may be less likely to be referred to a transplant center, he might be affected by the physician's unconscious bias toward a more middle-class, "respectable" patient. Emphasis has been placed also on

reserving treatment for patients intelligent and stable enough to cooperate with the treatment and for patients with high likelihood of vocational rehabilitation. It is reasonable to assume that more highly educated middle-class patients are more likely to exhibit this high intelligence and to be seen as able to be vocationally rehabilitated.

There is significant discomfort and uncertainty over the use of psychological and sociological variables for selection. Given the fact that psychiatric prediction is difficult and that uremia can cause both reversible intellectual impairment and episodic psychotic behavior, it is unclear whether the psychiatrist can predict the reaction of a severely ill patient to medical therapy accurately enough to refuse him life-saving treatment.

Societal Norms Concerning Cadaver Organs

Transplantation requires the unique resource of human organs. For the kidney transplant, a significant proportion of these will be provided by relatives. However, there is still a shortage of cadaver kidneys, and, if transplantation of other organs proves successful, the need for cadaver organs will be enormous.

A basic positive attitude toward donation of an organ is not sufficient to ensure adequate donation or conveyance of potential organs to the location where needed. In a few States, an individual does not have the legal right to will his organs to medicine, so donation depends on the willingness of the next of kin to give the organs at a moment of grief. Since the organs of elderly patients are not useful, the death of a potential donor is almost always a sudden tragedy for the family, and it is during this highly emotional time that the decision to donate must be made.

The legal limitation to donating one's body is one limitation that is being rapidly erased. In only one year, 42 States have enacted the uniform Anatomical Gift Act which allows persons to will their organs for transplantation merely by signing a wallet-sized card with two witnesses. Even if a number of persons carry these cards, there will still be great logistical problems in identifying such donors and in contacting a transplant center rapidly. The next of kin probably will still have to inform local physicians of the dying patient's wishes; local physicians and hospitals will have to be motivated to identify donors and to expend effort in setting the process in motion.

A more rational and rapid way to tap the potential source of organs would appear to be a change in the law which would permit the State to remove organs without family permission. Although some organized resistance to extending this type of law might develop, the general positive attitudes toward organ donation might permit ultimate passage in many States.

Medical Norms for Potential Donors

Cadaver donors—Because of widespread ethical concern about the treatment of the dying donor, new medical norms have emerged, and most transplant centers have drawn careful guidelines. Physicians have expressed both the need to protect the dying patient and the obligation to the prospective recipient not to ruin the relevant organ. Early definitions of death threatened to encumber transplant technology, but new definitions of brain death have been advanced in order that the circulatory system of the body can be maintained until the time of transplantation.

There are still wide differences of opinion among doctors as to what precautions are justified and important in identifying irreversible brain death. To avoid conflict of interest, it has generally been agreed that the prospective donor should be cared for by a group other than the transplant surgeons, and that the transplant team cannot be involved in the declaration of death. Nevertheless, in much of the discussion of this problem, the larger context has been ignored. The question is not simply when should a prospective donor be declared dead, but how long should any apparently hopeless patient be treated by extraordinary means?

Living unrelated donors—One method of alleviating the kidney shortage and avoiding the cadaver problems would be to utilize unrelated volunteers. However, the lack of clear norms governing such a situation has discouraged many centers from utilizing this source. Most centers have refrained from using unrelated living donors due to ethical considerations and to the failure of such kidneys to function any better than cadaver kidneys. Yet if recent research supports widespread use of living unrelated donors, the issue of whether they are to be paid will become a significant one.

Related donors—There is uncertainty and controversy among physicians regarding the use of related donors. Attitudes toward the ethics of donation and the physician's own role in this area seem to vary from institution to institution. In those programs where related donors are used, the transplant surgeon may find himself in a difficult position asking a relative to donate a kidney.

While attempting to influence a potential donor, the doctor is placed in an ethical or role conflict between his obligation to the donor and his commitment to save the life of his patients. It is agreed that the prospective donor must be informed about the degree of risk and the inconveniences that will occur. There is no consensus, however, concerning the degree of effort a doctor should exert to secure a family donor, nor about the method he should use.

Some centers have routinized the selection procedure and institutionalized psychiatric review boards to reject any prospective donor whose ambivalence and anxiety appear too great, and whose volunteering is considered more the result of family pressure than individual desire.

At a center where a large number of both cadaver and related kidneys are transplanted there appear to be strong pressures on the doctor to press for a family donor. Surgeons and nephrologists are likely to have had much more contact with the patient than with the donor and they are likely to be motivated to save his life. In addition, the doctor knows that the recipient will do twice as well with a related kidney as with a cadaver kidney.

Despite any bias in favor of the recipient, direct solicitation of a prospective donor can be extremely uncomfortable. The physician is conscious of the norm against exerting undue pressure but has no clear guidelines. What is undue pressure in a specific case? In some centers the donation procedure allows doctors to communicate the urgency of the problem without applying direct pressure on the donor; this task is left to the recipient himself. This tactic appears to alleviate some of the physician's discomfort about his ethical role. However, it may place the patient in an uncomfortable position since he has to request his family to save his life.

This emergent pattern has not been formally institutionalized, however, and the doctor's role differs from case to case.

The ethical and normative uncertainties raised by transplantation and donation have generated an unusual amount of organizational activity. On the national level, hearings on the issues have been held in Congress; a Federal Commission has been proposed to consider the ethical, social, and financial implications of transplantation; international and national symposia on transplantation have been held; and many panels have been set up to establish ethical guidelines for physicians within existing specialty organizations.

The effect and efficacy of such guidelines is unknown. The extent to which they inhibit inadvisable procedures on the one hand, or technological advance on the other hand, remains to be investigated. Whether or not they will be institutionalized is also an open question. In general, despite all the groups which have met, most of the difficult ethical problems related to organ transplantation remain unsettled.

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A Systematic Approach to Disposition Decisions

Theodore W. Lorei and Lee Gurel

The decision to release a patient from a psychiatric hospital or to require (or advise or permit) him to stay longer has always been recognized as difficult. The importance of timely release has become even more clear with the growing recognition of the harmful effects of lengthy hospitalization. This emphasis may be contrasted with the clinician's concern with avoiding potentially harmful consequences of premature release. Whichever danger one seeks to avoid, the importance of disposition decisions merits a continuing search for methods to improve them.

Decision theory is a complex body of knowledge developed primarily by economists and mathematicians in an attempt to prescribe how decisions should be made. Recent years have witnessed the successful application of decision theory to the problems of management, medical diagnosis, and vocational counseling. Because the fundamental structure of decision problems seems to be much the same regardless of content area, it seems likely that the application of decision theory to problems in hospital psychiatry could be useful.

Decision theory provides the following conceptualization of the generalized decision problem. The decision maker (DM) has available to him a number of alternative courses of action, each of which will eventually result in a certain set of outcomes or consequences. However, at the time he must make his choice, he is uncertain as to which outcomes will actually result from his decision. His problem is to select a course of action that takes into account both his uncertainty and his preferences for the various possible outcomes.

Decision analysis is a systematic procedure for analyzing such problems. This approach assumes that the DM's best course of action will depend on: (1) the probabilities that this action will result in each outcome of interest, and (2) the relative importance he attached to each outcome. To make an optimal decision, the DM must be able to quantify his judgments regarding outcome probabilities and importance so that he can synthesize this information and arrive at a preferred course of action.

Let us apply this thinking to the disposition problem. The DM (a ward psychiatrist) can "dispose" of a patient at any given time in several ways, including continuing his hospitalization. These release/retention possibilities constitute his alternative courses of action. A rational choice among these alternatives requires a clear conception of the possible outcomes of one choice versus another, as well as measures of the probability and relative importance of these outcomes. The psychiatrist's first task is to define which possible outcomes are in some way relevant to his concerns. Having done this, he can attempt to estimate the probabilities of each outcome for each action under consideration. Often he will be able to estimate these probabilities from past clinical experience; ideally he would be able to supplement his experience with information from systematically kept records of the outcomes of similar decisions made in the past. In addition, the psychiatrist needs to "weight" each outcome's probability by its relative importance. Finally, decision theory provides rules by which the

weighted probabilities can be summed over outcomes for each course of action, and the preferable choice can be identified.

While the absence of reliable probability estimates for many outcomes makes this approach difficult to implement, two points need to be made. First, these probabilities may be subjective, i.e., based on personal experience. Second, the decision theory approach presents an orienting ideal to be worked toward, not something that can be implemented immediately in full rigor.

The approach is essentially common sense. This common sense has been formalized in what is known as the "expected utility maximization" model. Each possible choice has associated with it an expected utility, which is defined as the sum of the probabilities of each outcome weighted by its importance. The "rational" choice is the action with the highest expected utility.

Definition of Possible Release/Retention Outcomes

To formulate an outcome inventory that would represent major concerns of hospital staff, selected personnel in 12 Veterans Administration hospitals were asked, in unstructured interviews, to identify release/retention consequences that they thought influenced the decisions of staff members. On the basis of these interviews and two extensive pilot studies the Release/Retention Outcome Inventory was assembled.

This inventory was individually administered to 1,254 employees in 12 hospitals. The sample included psychiatrists, other physicians responsible for psychiatric patients, nurses, nursing assistants, psychologists, social workers, physical medicine and rehabilitation supervisors, and nonmedical administrators.

The most undesirable outcomes were dangerousness, malingering, institutionalization, excessive drinking, and exploitation. These results make explicit the dilemma of the clinician, how to minimize the chances of these outcomes. The avoidance of family strain, ridicule/rejection, idleness, unnecessary confinement, loneliness/unhappiness, and financial/physical burden on the family were all considered at least moderately important. Avoiding the patient's being dissatisfied with the decision, indigency, family complaints about release or retention, and criticism regarding turnover were considered only minimally important.

Staff disagreed most about the undesirability of idleness, patient dissatisfaction with decision, and indigency. As might be expected, there was least disagreement about the importance of not releasing patients who would be dangerous.

Several differences among staff occupational groups were found. There was most disagreement among occupational groups about the importance of avoiding indigency. Occupational groups also differed substantially in the importance they attached to post-hospital employment, the possibility that the patient would be subject to ridicule and rejection, and the importance of relatives complaining to government officials about a patient's release or continued retention.

Considering outcome importance profiles as a whole, nursing assistants and social workers, nurses and social workers, and nursing assistants and psychiatrists were most dissimilar in their values. Psychiatrists and other physicians, nurses and administrative personnel, and administrative personnel and physical medicine and rehabilitation supervisors were most simi-

lar. The difference between nursing assistants and psychiatrists may be particularly important; while nursing assistants do not decide release, they often influence the initial screening of patients to be considered for release.

Individual staff members' outcome values were related to their occupations, sometimes to a substantial degree. To determine whether clusters of staff, irrespective of occupation, could be identified with relatively similar outcome values, a hierarchical grouping analysis was performed. This procedure, a technique for classifying profiles into clusters, yielded six groups. The groups differed on three major dimensions: a concern about being criticized for one's decisions; a benevolent protectiveness of patients and their families; and concern about misuse of the resources of the hospital.

Among mental health professionals, the prevailing view of intrastaff disagreement about patient disposition sees such conflict as being between members of different disciplines or between innovators and traditionalists. Our findings suggest that this view is a faulty oversimplification and that efforts at reconciling opposing ideologies of patient care must recognize the existence of several viewpoints not closely associated with training or function.

We see our work as a first step toward developing information needed for more rational decision making. We would hope that consideration of these findings make clinicians more aware of the possibility that their fundamental objectives for the psychiatric hospital (from which outcome statements derive) are not sufficiently clear in their own minds. Such a realization can be one of the important by-products of approaching decision problems by the methods presented here.

If the value differences found in our survey are reflected in behavior, there is probably considerable working at cross-purposes in the hospitals studied. Discussion of the fundamental premises that regulate day-to-day decision making in hospitals seems to us to occur much too infrequently, if at all. Because the decision theory framework is independent of specific conceptualizations of psychiatric disorder, it could facilitate communication among diverse groups, and even with patients.

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mental health and the law

Legal Issues of Consent in the Psychiatric Treatment of Minors

Arthur H. Rosenberg and Alan S. Katz

The law provides that a minor, even a mature one, does not have the right to contract for or undergo psychiatric treatment without the specific permission of his parent or guardian. Yet neither the minor nor the psychiatrist may find any relevant need to comply with such a rigid legal rule. The minor may see himself as an adult capable of acting autonomously and capable of deciding on his own whether or not to submit himself to therapy. He may, in fact, make his privacy, and thereby recognition of his independence, a precondition of the therapy. For the psychiatrist, satisfaction of the law may run counter to the need to support his patient's independence and/or to maintain the relationship in complete confidence, to the exclusion of parental involvement. A brief look at the legal issues of consent to treatment may offer useful insights for psychiatrists faced with these problems.

The laws of this country reflect the traditional concern of society with the protection and welfare of minors. Underlying this concern has been the notion that a minor must be protected against his own innocence and lack of experience. To insure that minors are not victimized, the law has taken two routes. First, the statutory law has established limitations upon the adult community regarding its conduct toward and usage of minors. Child labor laws are perhaps the most graphic example of this type of protective legislation. As a second form of legal protection for minors, the common law, the accumulation of court decisions, has established what might best be described as "protective disabilities" incidental to minority. Unfortunately, within this minority disability system there has been neither uniformity nor logical development. While certain restrictions have remained inexorably tied to the magic age of 21, others have been eroded through custom or statutory enactment and cease at younger ages. Most important, a minor, even a mature one, may not act independently to secure professional services. Whether living at home or away from home, a minor must be able to furnish a physician with parental consent before the latter can lawfully initiate treatment. Neither the physician nor the patient can unilaterally or mutually dispense with that legal requirement.

In regard to general medical treatment which is considered to have immediate and permanent consequences upon the physical well-being of a minor, the law presumes a minor incapable of comprehending the peril of his position and, therefore, incompetent to consent to such treatment. The assumption that the consequences of medical treatment invariably are perilous hardly is accurate in the majority of cases. Similarly, the assumption of the incompetency of minors to understand the nature of the proffered medical treatment is hardly accurate in the majority of cases. In the absence of consent, even when a minor

desires and agrees to be treated, the physician who proceeds to treat risks a lawsuit for battery, which the law defines as the unconsented touching of the body of another. Thus, the application of law protecting minors against medical treatment is a two-step process. First, the minor is presumed incapable of understanding what may be involved in treatment and therefore is incompetent to give permission for any treatment. Second, the law grants to the minor the right of bodily privacy which cannot be waived by the minor himself, but which can be waived only by his parents.

There are three commonly employed exceptions to the general rule under which a physician can perform treatment upon a minor without obtaining consent. The first exception permits medical treatment of minors in emergencies. What the law considers an emergency is difficult to predict with any reliability. Generally, there is a greater likelihood that a court will find the existence of an emergency when the danger of the illness being left untreated outweighs the danger of the treatment.

A second exception has been recognized by courts when the facts are such that the consent of the minor himself appears sufficient to have authorized the treatment, i.e., when it appears that the minor, despite tender age, was capable of understanding the nature and consequence of the treatment, therefore making the fiction of incapacity inappropriate in the individual case. Such a finding depends upon the court's evaluation of the interplay of two factors: the age of the minor and the complexity of the treatment itself.

The third exception involves securing a general consent or permission from the parents or guardian to perform treatment in advance of any such need. The weakness of this technique is that it presumes to give permission to treat at a time when there is neither a need for treatment nor a knowledge of what might be treated in the future. It purports to offer a "medical carte blanche," which does not satisfy the legal requirement of "informed" consent.

As a general rule, the psychiatric treatment of a minor must follow the traditional requirements of the law for general medical treatment as previously described. However, there are differences which the present laws regarding consent do not take into account.

One such difference is the absence from psychiatry both of physical contact with the patients and of physical consequences of the treatment. Because there is such a lack of physical contact, the likelihood of liability for battery is diminished.

Another significant difference between psychiatric treatment and other medical treatment is the degree of openness of the treatment. In psychiatry the necessity for confidentiality and secrecy militates against the involvement of other parties, even parents, on any truly "informed" basis. Even the law has recognized this aspect of psychiatric practice by establishing a privileged status for psychiatric communications. Unfortunately, the privileged communication statutes fail to establish, in the case of a minor, to whom the privilege belongs; is it the minor's, to be waived as he sees fit, or is it the parents', to be waived by them on his behalf or in their search for information about the therapy? The law demands that consent, to be effective, must be "informed." Psychiatry, to be effective,

to stimulate the patient's trust and to protect the patient, cannot always provide details about the treatment to parents which would truly be sufficient to sustain a finding of "informed consent."

A first alternative to the requirement of consent would be the existence of an emergency. A minor whose state of mind is such that his unrestrained freedom represents a serious likelihood of immediate bodily harm to himself or others must be treated on an emergency basis, without waiting for consent and without any fear of liability. However, a psychiatrist would do well to examine the situation carefully and weigh the possible legal consequences of proceeding to treat, restrain, commit and/or medicate without the parents' consent.

From the legal viewpoint, the most difficult cases for the psychiatrist are those of a non-emergency nature. This is especially true for those cases which must be handled, if at all, without parental consent; when consent is withheld by the parent and treatment is deemed essential by the therapist; when the patient insists upon treatment without the knowledge or consent of his parents; or when the therapist determines in the evaluation that parental involvement is unwise.

Another intrinsic quality of the therapeutic process, a quality which encourages the availability of the second general exception to the general rule requiring consent, is its implicit dependency upon the intellectual ability of the patient to contribute to and participate in that process. The existence of such an ability permits the therapist to estimate not only the patient's potential for benefiting from treatment but his capacity to understand the nature of the treatment itself. Thus, the nature of the therapeutic process will go a long way toward establishing what the law has recognized as a basis for employing an exception to the consent requirement, the capacity of the minor-patient to comprehend the nature and consequences of the treatment.

Limiting the free access of minors to treatment by imposing the demand for parental consent will not further our traditional concern of providing for the protection and welfare of minors. It appears that the level of success both in the prevention and treatment of minors' problems will depend upon the immediacy of their access to medical care; that such access should be encouraged; and that the present-day situation among the under-21 age group cries out for a reassessment of the cumbersome, obstructive rationales of yesterday. Ultimately, the best approach to modernizing the issues surrounding the consent-to-treatment problem would be through legislation.

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mental health news digests

Workers' Attitudes on Job Conditions Are Explored

A recent Institute for Social Research (ISR) study on working conditions is currently analyzing data gathered from a sample of 1,533 workers from across the Nation, who were interviewed in November-December 1969. The survey and analysis were supported by a contract with the Employment Standards Administration of the U.S. Dept. of Labor. In the survey the labor force was asked questions about labor standards, open-ended questions about the problems of work, and a series of questions about worker satisfaction and fulfillment.

The preliminary analysis shows that one of the workers' major concerns is production-oriented goals. Many of the "biggest problems" reported were in getting the specific job done. Another major concern was interpersonal problems with either supervisors, subordinates, or other people on the job. Health and safety hazards were reported by 38 percent of all workers, and 64 percent considered it important to get some kind of protection against this problem. The study also concludes that increased attention should be paid to health and safety in the white-collar working environment as well as in blue-collar areas.

The study also investigated on-the-job discrimination because of race, sex, and age. The data revealed definite sex discrimination against women. A report on these results by Dr. Teresa Levitin, et al., appears in this *Digest*, emphasizing the crucial role these qualities play in worker job satisfaction. In rating workers' overall satisfaction, the study found that job challenge was the one aspect of a job most related to overall satisfaction, followed by pay and comfort. (From *ISR Newsletter,* Autumn 1971)

Youth Conservation Corps Is Evaluated

The Youth Conservation Corps, a governmental experiment in environment improvement, recently ended the first summer of a 3-year experiment. Nearly 2,600 youngsters in 64 camp facilities throughout the Nation participated in the program. The YCC program improves public lands and waterways and provides an environmental education for young people 15–18 years old from varying socioeconomic backgrounds.

The Institute for Social Research is conducting a study to evaluate the program's success or failure. During the first week of the program and the final week, questionnaires were administered to measure changes the young people experienced in several areas including: knowledge of the natural environment, relationships with peers and supervisors, self-image, and general attitudes and experiences with respect to the program. Preliminary results show that most of the young people seemed satisfied with the experience of the program.

New Drug Abuse Group Is Formed

The National Association of State Drug Abuse Program Coordinators has been formed for the purpose of effecting a "truly national program to combat drug abuse." The group consists of two chief administrators and coordinators of 35 State drug abuse administrations under the national chairmanship of

Rayburn F. Hesse, special assistant for Federal-State relations of the New York State Narcotic Addiction Control Commission. The organization is located at 1211 Connecticut Avenue, N.W., Suite 212, Washington, D.C. 20036.

Television and Growing Up: The Impact of Televised Violence

The findings and conclusions of the Surgeon General's Scientific Advisory Committee on Television and Social Behavior have recently been announced. Violence on television was found to have some effect on unstable individuals and children, but the evidence suggested that the effect is small compared with many other possible causes, such as parental attitudes or knowledge of and experience with the real violence in society. The experimental studies on the effects of aggressive television entertainment content on children support certain conclusions: (1) violence depicted on television can immediately or shortly thereafter induce mimicking or copying by children; (2) under certain circumstances television violence can instigate an increase in aggressive acts. The evidence, however, does not warrant the conclusion that televised violence has a uniformly adverse effect. It indicates that televised violence may lead to increased aggressive behavior in certain subgroups of children, who might constitute a small portion or a substantial proportion of the total population of young viewers.

There is some convergence of the fairly substantial experimental evidence for short-run causation of aggression among some children by viewing violence on the screen and the much less certain evidence from field studies that extensive violence viewing precedes some long-run manifestations of aggressive behavior. This convergence of the two types of evidence constitutes some preliminary indication of a causal relationship, but more research is suggested.

Field studies, correlating behavior among adolescents with the responses by younger children to violent films indicate that (1) there is evidence that any sequence by which viewing television violence causes aggressive behavior is most likely applicable only to some children who are predisposed in that direction; and (2) there are suggestions in both sets of studies that the way children respond to violent film material is affected by the context in which it is presented.

The Committee suggested six areas for future research: (1) television's effects in the context of the effects of other mass media; (2) the effects of mass media in the context of individual developmental history and the totality of environmental influences; (3) the functional and dysfunctional aspects of aggressive behavior in successfully adapting to life's demands; (4) the modeling and imitation of prosocial behavior; (5) the role of environmental factors, including mass media, in the teaching and learning of values about violence, and the effects of such learning; and (6) the symbolic meanings of violent content in mass media fiction, and the function in our social life of such content.

Committee on Child Development Created by NRC

The National Research Council has created a special Advisory Committee on Child Development, which is composed of representatives from the fields of social and behavioral sciences, pediatrics, and biology. The committee's purpose is to provide assistance to the Office of Child Development on two problems. First, the committee will prepare a long-range analysis of the Federal govern-

ment's involvement in establishing a national policy on child development. Secondly, on a short-term basis, the committee will evaluate and oversee a special panel that is determining the effectiveness of the Community Coordinated Child Care Program, which was started by the Federal Panel on Early Childhood in 1968.

Inquiries on the work of the committee may be addressed to Dr. Henry David, Executive Secretary of the Division of Behavioral Sciences, National Research Council, 2101 Constitution Ave., N.W., Washington, D.C. 20418.

A New Child Care Profession Is Proposed

Edward Zigler, Director of the Office of Child Development, recently announced a proposal for a new child care profession at the Annual Meeting of the National Association for the Education of Young Children. The new profession title would be Child Development Associate. Dr. Zigler pointed out the shortage of trained personnel in programs for young children and that the increase in day care facilities would create an even greater demand for trained staff personnel. The Child Development Associate would provide developmental experience in all types of day care settings. The Child Development Associate would be an individual who has not had as much scholastic training as those with college degrees but nevertheless has the competency to care independently for children. Further information may be obtained from Sidney Rosendorf, Division of Public Education, Office of Child Development, Donahue Building, 400 6th St., N.W., Washington, D.C. 20201.

Guidelines for Participation in Growth Groups Are Drafted

The American Psychological Association's Board of Professional Affairs has issued a draft statement on "Guidelines for Participation in Growth Groups." A number of studies are being conducted examining various aspects of growth or encounter groups. The board hopes to develop a final revised version of the statements in the near future; the present statements are not the official policy of the APA or the board.

The drafted guidelines are for the psychologist as a leader—professional qualifications, involvement of professional ethics, fees, clear understanding of the contract between the leader and participants—and for the participant—the group is a voluntary experience, not regarded as a form of health care; advance information about the leadership, setting, and experience should be obtained, and the participant should be allowed to leave the group when he wishes. A copy of the draft statement appears in the December 1971 issue of the *APA Monitor,* Vol. 2(12). Comments and suggestions should be addressed to Dr. John J. McMillan, Professional Affairs Office, APA, 1200 17th Street, N.W., Washington, D.C. 20036.

AMA Council Warns Against Sensitivity Training Therapy

The American Medical Association Council on Mental Health reported that sensitivity training is not interchangeable with individual psychotherapy or group psychotherapy. The report stated that small group methods of the T-group are inappropriate for treating emotionally disturbed persons. The T-group was originated as an educational process to promote personal and social

growth. The council said that although sensitivity training has created some innovative techniques that may eventually carry over into psychiatric training, use of the T-group as therapy can cause such casualties as depression, psychosis, homosexual panic, and physical injuries.

Risk patients were listed as those that are psychotic, those that have a significant degree of psychoneurosis, those that have a history of marked emotional liability, those who react to stress with psychological decompensation or psychosomatic illness, and persons in crisis situations. The council stated some factors that should be considered in order to prevent any casualties in a T-group: the person's own state of mental stability, the reputation of the organization sponsoring the group, the group leader's qualifications, the prescreening methods, and the stated goals of the program. The report appears in the *Journal of the American Medical Association,* 217(13):1853–1854, 1971.

VA Conference on Psychiatry and the Veteran

The 16th Annual Conference Veterans Administration Coöperative Studies in Mental Health and Behavioral Sciences had a dual theme: the impact of research on the teaching and practice of psychiatry with special attention to today's veteran. Participants of the conference discussed the various aspects of today's veteran in the context of the changing pattern of mental illness, staff attitudes and new therapeutic directions, drug dependence and its management, the culturally disadvantaged, and the psychological problems of the physically handicapped. The Highlights of this conference have recently been published and are available from the Central NP Research Laboratory, Veterans Administration Hospital, Perry Point, Md. 21902.

VA Research in Mental Health Is Cited

During the past year, the Veterans Administration has continued its emphasis on a program of relevant behavioral research to accomplish improvement of patient care programs in the VA. Examples of this effort have been stated in a report for the fiscal year 1971 submitted to Congress. In improving psychiatric treatment, past studies of milieu therapy on VA mental hospital wards have led the way for many mental hospitals in the Nation to shift from custodial to humanistic institutions. An investigator at a VA Hospital in Palo Alto, Calif., is developing methods for assessment of community-oriented transitional treatment programs. Also, a methodology has been developed by which patients and staff can obtain information about their treatment environment and can be helped to change their environment according to their preferences. A VA hospital at Philadelphia, Pa., has consolidated its treatment and research program for the depressive illnesses, thereby allowing simultaneous multiple studies of depressed patients and highly specialized treatment programs. Reinforcement techniques have become significant treatment modalities in VA hospitals.

VA research laboratories are conducting studies on the influence of genetics and the environment on the etiology of illness in psychiatric patients, on various aspects of aphasia, on electrical and chemical stimulation of specific brain areas to evoke emotions and behavior, and on biological rhythms in sleep and wakefulness. Studies at VAH Minneapolis and other hospitals found that the young Vietnam veteran seeking psychiatric help differs from veterans of previous wars in that he expresses maladjustment not by externalizing anxiety

into conventional symptoms but by acting out behavior. It has been suggested that conventional treatments play a lesser role than other innovative programs. Biofeedback techniques, hypnosis, and dimensions of suicide are also being researched in various VA hospitals throughout the country. A report by Richard N. Filer, Chief of Research in Psychology, VA Central Office, Washington, D.C., appears in the VA *Newsletter for Research in Psychology,* 13(4):1–4, 1971.

Drug Training Institute Will Be Held for the Medical Community

The City of Yonkers Youth Services Agency and the Westchester Chapter of the American Academy of Family Physicians are cosponsoring a conference on April 26, 1972, for practicing physicians and members of the medical community. The subject will be the treatment of drug abuse. Pfizer Pharmaceuticals is financing the all-day conference.

Manuscripts on new approaches to the management of drug addiction are being solicited for the final part of the conference. Manuscripts to be submitted should not be more than 2,500 words. Papers should be received by March 31, 1972. The authors of the best manuscripts will be brought to Yonkers to deliver their papers. Send manuscripts to Sanford Kaplan, M.D., 821 Bronx River Road, Yonkers, N.Y. 10708. Unused manuscripts will be returned on request.

A Plan for Action Launches New Campaign to Help Older People

More than 250 representatives of 175 national organizations with programs for the elderly have signed an agreement to participate in a "Plan for Action," which is designed to launch a national voluntary program to help older people remain in their own homes or other places of residence. The meeting of the representatives was called by the White House Conference on Aging. The goal is that all needed services will be available and accessible to all older people wherever they live and that older people may have the opportunity to contribute to society as long as they wish.

Generally, the Plan for Action is as follows: (1) National organizations will be urged by the White House Conference to participate in the plan. (2) Representatives of the national organizations that have agreed to participate will form a national steering committee. (3) The steering committee will agree on an initial list of communities where a coordinated program could be launched. (4) Initially, the local representatives will be invited to form the steering committee for the local community. (5) These local committees will endeavor to obtain commitments for services from local affiliates. (6) The Federal Government will alert State and local governments to the fact that initial steps are under way to form local steering commitees.

Two Bulletins on Emergency Telephone Services Are Available

The International Federation for Services of Emergency Telephonic Help publishes the *International Bulletin,* which aims to provide a forum for the exchange of ideas between people involved in emergency telephone services throughout the world. For information concerning subscription write to the International Federation for Services of Emergency Telephonic Help, Secretariat, 20 Rue du Marche, CH-1204 Geneva, Switzerland.

A regional information bulletin for the northeastern United States and eastern Canada on hotlines and similar services is distributed free, and it is available from Gus Potter, *Hotline,* Town of North Hempstead, 220 Plandome Road, Manhasset, N.Y. 11030. In its January bulletin, the tentative plans for the 1972 National Hotline Conference are announced. The conference is planned to be held in August in Utah.

New Publications

A new journal, called *Ethos,* that is devoted to the relationship between culture, society, and the individual will begin publication in 1972. *Ethos* will be a quarterly journal generally dealing with the overlapping areas between psychology, psychiatry, anthropology, and other social disciplines. The journal will be sponsored by the University of California Press and the Wenner-Gren Foundation.

Three new newsletters have been published: *Newsletter of the Association of Psychiatrists in Africa, Newsletter of the Caribbean Psychiatric Association,* and *Communique,* which is designed to make information about intercultural communications research and theory accessible to academic and professional worlds concerned with this topic. To subscribe to the African newsletter, write to Dr. A.C. Raman, Brown Sequard Hospital, Beau Bassin, Mauritius. To subscribe to the Caribbean newsletter, write to Dr. L.F.E. Lewis, Editor, 40 A, Ariapata Ave., Woodbrook, Port of Spain, Trinidad, West Indies. *Communique* is available free from the editor, Mr. David S. Hoopes, Vice-President, Regional Council for International Education, 1101 Bruce Hall, University of Pittsburgh, Penn. 15213.

A selected annotated bibliography of Alaskan and other Eskimo acculturation studies has been compiled. The bibliography includes 99 references, some of which are on mental health problems of Eskimos. The publication may be purchased for $5.00 from its author, Arthur E. Hippler, Associate Professor of Anthropology at the Institute of Social, Economic, and Government Research, University of Alaska College, Alaska.

A new publication, the *Directory of Cross-Cultural Research and Researchers,* contains information about some 600 behavioral scientists representing over 60 countries. Information about journals and other publications on cross-cultural research is included. The 68-page publication may be obtained for $3.00 by writing to: *Directory,* Center for Cross-Cultural Research, Department of Psychology, Western Washington State College, Bellingham, Washington 98225.

The Indian Psychiatric Society has published the *Directory of Mental Health Activities in India.* The new directory includes names and addresses of mental health personnel, services available, mental health education, and research. The directory may be purchased by writing to Dr. Ajita Chakraborty, Mental Observation Ward, 7 D.L. Khan Road, Calcutta 25, India.

recent nimh publications

Single copies of these publications may be obtained from the Office of Communications, National Institute of Mental Health (Publications Issuance Unit, Room 1B64, Parklawn Building, 5600 Fishers Lane, Rockville, Md. 20852). A complete list of all publications available from the NIMH may also be obtained from the Office of Communications. If a price is given, the publication may be ordered in quantity from the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402. Enclose a check or money order payable to the Superintendent of Documents.

Bulletin of Suicidology, No. 8—Fall 1971. This is the eighth experimental issue of this Bulletin. It includes original articles, abstracts, news items, psychological autopsies, and other materials in the field of suicidology. The Bulletin is prepared by the Center for Studies of Suicide Prevention of the NIMH. Topics included in this issue are: the nosology of suicidal phenomena, standards for suicide prevention centers, attitudes toward suicide attempters, behavioral factors which influence recovery rates of suicide attempters, gatekeepers in crisis management, the indigenous nurse as crisis counselor, assessing suicidal person on the telephone, behavior modification and self-injurious behavior in institutionalized retardates, and others. DHEW Publication No. (HSM) 71–9053. $1.00.

The Social Seminar. Jordan Paul: One Teacher's Approach. This 19-page discussion guide describes the drug abuse film of the same name. It is about a teacher's concern about his students and the choices they will make in life, including choices about drugs. DHEW Publication No. (HSM) 72–9072.

Mental Health Services for American Indians and Alaskan Natives. This brochure emphasizes that a Community Mental Health Center serves *all* who live in the service area—those who can pay and those who cannot. A comprehensive list of all of the mental health centers that can help those who live on reservations is included. DHEW Publication No. (HSM) 72–9002.

It Can't Be Home . . . . This 52-page booklet by Hans S. Falck, Ph.D., and Mary K. Kane, R.N., focuses on the social and emotional aspects of residential care. The specificity of this monograph, as an approach to evaluating psychosocial aspects of patient/resident care and treatment, gives it a practical usefulness. DHEW Publication No. (HSM) 71–9050. 50¢.

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